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And Ontario Medical Journal

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Dominion Medical Monthly
And Ontario Medical Journal

Vol. LII. TORONTO, JANUARY, 1919 No. 1

Original Articles

ONE OF CHINA'S GREAT PROBLEMS

Chas. W. Service, B.A., M.D., of Chengtu, West China.

The backwardness of the Chinese in all questions relating to the study of modern scientific methods is deplorable. This is especially true of medical science. But as the result of nearly a century of medical work, carried on by western medical practitioners, China is now accepting western civilization in its many phases. But probably nowhere has this change effected such a revolution in ideas and customs as in the medical field. The stage of pioneering has largely passed, and gradually an atmosphere of receptiveness has been created. This change of mind in China has naturally wrought a change in the scope of the medical work done by the western practitioners. During this period the conditions in which medical work had to be done were discouraging. Yet very much has been done in the medical and surgical treatment of millions of patients. Much has also been done in the way of medical research. But to treat all the sick and wounded of China under present conditions is obviously an impossible task. No foreign agencies can do more than touch the fringe of the problem. Two hundred thousand doctors are needed in China, of whom there are less than 2,000 at the present time. With medical science much more exact and exacting than formerly, the number of cases under one doctor must be greatly reduced. How meet the problem of the ever-increasing number of patients? This can only be met in one of two ways, either by sending many more foreign doctors or by training thousands of Chinese youths in the science of western medicine. A certain increase in the number of foreign doctors in China will be necessary for years to come, chiefly for the purpose of training Chinese leaders who will be able to commence the solution of China's great physical problem.

The above is also true of the dental situation in China. China has had multitudes of native practitioners who have attempted to do something to relieve the ills of her people. But who ever heard of a native dentist? Moreover, to meet the oral needs of 400,000,000 of Chinese, the number of qualified dentists from abroad is almost negligible.

Then there is the formidable problem of public health. China can make little substantial progress until she begins to solve this fundamental problem. Insanitary China needs a revolution of ideas, customs and life. Ignorance, prejudice and superstition have to be removed and for this purpose outside help is absolutely essential.

So important is the medical situation and so great is the opportunity for medical education in China that the Rockefeller Foundation has established a China Medical Board, with a resident director in Peking. Its purpose is to assist in the promotion of scientific medicine, to train a truly Chinese medical profession, and especially to prepare medical leaders. It proposes to spare no expense in the establishment of two medical colleges in China, one in Peking and one in Shanghai, in which the teaching will be done in English. In this enterprise it desires to co-operate with already established medical work, and indeed to build on the foundations of medical education built by medical missionaries. Indeed, they have recently entered this field of medical education by taking over the Union Medical College in Peking, an institution which had been successfully carried on for some years by several missionary organizations. The beginning of their other proposed medical college scheme, in Shanghai, has been postponed on account of the war.

Obviously, the development of these two great Rockefeller Foundation teaching centres in China, while helping to meet the urgent medical needs of China, cannot do all that is required. The opinion unanimously prevails among the 450 members of the China Medical Missionary Association that there must also be a few high-grade medical colleges in which the Chinese language shall be the teaching medium. A few union medical colleges already exist, but these are all underdeveloped and do not measure up to the highest requirements of modern medical educational standards, either in plant, equipment, staff or endowment. The effort now is to slightly reduce the number of these teaching institutions and to strengthen the remainder by further unions.

One of these union medical colleges is in West China, in the city of Chengtu, the provincial capital of Szechwan, the largest

and most populous of all the provinces of China, with a population of 60,000,000. With the two other provinces of West China and also Tibet included, the constituency served by this institution is about 100,000,000. Chengtu is one of the several large cities in China officially recognized by the China Medical Missionary Association as a most strategic centre for the development of medical education in China.

CANCER AND PUBLIC HEALTH

By A. Knyvett Gordon, M.B.Cantab.
Sometime Demonstrator of Pathology, St. Mary's Hospital, Manchester.

Amongst the many changes that have taken place during the last 50 years in the attitude of the community towards disease, few are more noticeable than the strengthening of the feeling that sickness should be prevented whenever possible, and that the duty of the medical profession is not confined to the treatment of the individual sufferer. We have, consequently, seen rapid strides in the development of a department of preventive medicine of which the medical officer of health is the official exponent.

Into the beneficial results that have accrued from this policy it is not necessary now-a-days to enter. Diphtheria, enteric fever, tuberculosis, all bear witness, but hitherto the sphere of preventive legislation has been more or less restricted to dealing with infectious disease.

It does not seem to me that this limitation is altogether logical: the suitability of a disease for administrative intervention surely depends not merely on its infectivity, but also on its prevalence, and its preventability. I propose to consider the claims of cancer on the sanitary authority in the light of these two factors.

Of the prevalence of cancer—and I shall in this paper use the term as including both carcinoma and sarcoma—we have no accurate statistics, but we may gain some rough idea from the figures of its mortality. In the year 1916, 40,630 persons died from cancer in England and Wales alone, and this is the culminating figure of a fatality that has been steadily increasing year by year. As this is coincident with increasing clinical success in

surgical treatment, and with the undoubted triumph of radium in many cases, it is obvious that cancer is not adequately controlled from the public health point of view merely by the treatment of the patient when the disease is already well established.

Furthermore, the mortality figures are certainly too low, because they do not include cases where an intercurrent or terminal disease has been erroneously certified as the cause of death. So it is obvious that the toll taken by cancer in lives alone is sufficiently serious to make any attack on the disease worth while, and it must also be remembered that cancer attacks the individual at an age when his judgment is matured and his experience of most use to the community.

Before we discuss the case for administrative intervention, it will be necessary to refer very briefly to some points in the pathology of cancer on which such action should be based; this aspect of the subject is discussed more fully in a paper by the writer in the *West London Medical Journal* for April, 1918.

The discovery that cancer could be transmitted to mice and other animals by inoculation from generation to generation for a period to which no limit has yet been found, has made the study of the disease possible from the biological, as well as from the histological point of view.

The first effect of this was to clear the ground considerably and to demolish many theories which were necessarily impeding progress. The discovery that cancer occurs not only in all races of mankind living under widely different conditions of climate and environment, but also in other mammals, birds and fishes, proves that the disease is not caused by any peculiarity of diet or habit of life. Then it was shown that it is not infectious in the ordinary sense of the word, and that the evidence for the existence of cancer houses or localities must be regarded with much suspicion. Other theories, such as that of Cohnheim's embryonic rests, were shown to be improbable, and even the greatly cherished parasitic theory received its death blow, though its corpse still exhibits convulsive movements in response to energetic galvanism by its enthusiastic friends.

The one essential factor in the origin and spread of cancer is the cancer cell itself, and the difference between that and its normal prototype is a biological and not a histological one.

In healthy tissues—and in innocent tumors—the cell multiplies asexually by division of its nucleus, and its growth is controlled by the body of which it is part, but in cancer multiplica-

tion takes place sexually by conjugation between the nuclei of adjoining cells, and acknowledges no restraint on the part of the host.

What causes a cell to lead an uncontrolled sexual, instead of an orderly asexual existence, we do not know, but there is no evidence at all for any microbic factor even if we endeavor to get over the difficulty by postulating an ultra-microscopic parasite; *inter alia,* no cancer toxin has ever been discovered, nor is there any evidence that anti-bodies are produced by a resistant host, though artificial immunity to inoculated cancer has been produced experimentally on a wide scale.

There is really, therefore, no reason why we should expect any advantage from attacking cancer on ordinary sanitary lines such as in isolation, disinfection and improvements in housing. Action, however, is not necessarily confined to these measures, but may appropriately include assistance in dealing with individual cases; here we are on firmer ground.

It is generally recognized that success in the treatment of cancer depends on its early diagnosis, and for this two factors are necessary. The patient must consult the practitioner when the disease is in an early stage, and he, in his turn, must either make such an examination as will enable him to detect its presence, or to obtain such assistance as will enable the diagnosis to be made.

The reasons why the patients do not consult their doctor in time is that they do not know much about the early symptoms of cancer, and they are almost always inclined to think that it must necessarily be a painful disease. Unfortunately, however, pain is not by any means a prominent feature in early cancer, unless a nerve trunk is directly involved. No less than 20 per cent. of the fatalities from cancer are due to affection of the breast and uterus, and it is notorious that women are loath to seek medical advice under these circumstances. It must, however, be admitted that in the case of the breast a diagnosis of chronic mastitis, and in the uterus the treatment of hemorrhage by bottles of medicine without a local examination, are both contributing factors on the part of our own profession.

It is not, however, possible to detect early cancer by clinical methods alone, however skilled may be the sight and touch of the observer; but when the surgeon co-operates with the pathologist by excising a small portion of a suspected growth, and submitting it to him for microscopical examination, the position is much

improved, and in the large majority of cases an accurate diagnosis can be made.

Turning to the Registrar General's report we find that in 38 per cent. of all fatalities the site of the disease is accessible to this preliminary microscopy. As previously mentioned, 20 per cent. of the fatal cases originate in the breast and uterus alone.

I do not now propose to discuss histological conditions in detail, but mention must be made of certain precancerous states, amongst which we should certainly class chronic mastitis, and a diagnosis of this disease should be regarded as a sign of danger and not as a dictum of assured safety.

For the purpose of this paper I have looked through the notes of all the tumors of the breast submitted to me for examination during the last two years. Excluding those in which cancer was diagnosed clinically and treated by immediate operation, I find that in 80 per cent. the condition would be regarded superficially as chronic mastitis, but on closer examination a definitely precancerous stage could be detected in 40 per cent. of these, and well marked cancer itself in 20 per cent. The results of diagnostic curettage of the cervix and uterus in the hands of experienced gynecologists are, I am told, equally suggestive.

Very many cases of cancer, however, occur in the poorer classes, who cannot afford to pay the fees charged by private pathologists. In the case of such diseases as diphtheria, enteric fever, and tuberculosis, a pathological opinion is provided by the sanitary authority at the public charge, so it would not appear to be a great step to include cancer also, and it is much to be wished that this extension should be made.

But the opinion obtained must be that of an experienced histologist, and in the case of a laboratory which issues reports signed only by a lay director, or a firm of pharmaceutical chemists, there is no guarantee whatever that the diagnosis has been made by a qualified pathologist. In so serious a matter as the diagnosis of malignant disease the opinion of the omniscient laboratory assistant finds no place.

As regards the patients themselves, what is required is the education of the public, especially women, in the symptoms of early cancer, and for this again the machinery already exists in the shape of health visitors, lectures, distribution of leaflets, and the like, all of which have been so eminently useful in the case of tuberculosis. Is there any reason why this should not be extended to cancer also?

We have, therefore, already existing facilities for education

and diagnosis, but I come now to more debatable ground, and would make the suggestion—it cannot at present be more than that—for actual prophylaxis.

It has been shown by experience that susceptible animals can be rendered immune to inoculated cancer by a preliminary injection of certain substances, amongst which is an emulsion of the cells of a fresh placenta. Now, I have previously shown that in human beings this procedure is quite devoid of risk and painless, and the suggestion I previously made (in the paper referred to above) is that persons of the susceptible age, especially those with a cancerous family history, should receive protective inoculation of placenta. Following two such injections in one case, I implanted, subcutaneously, a fragment of clinically virulent (recurrent) fresh cancer; this resulted in a marked constitutional and local reaction, followed by shrinkage and disappearance of the graft. Of course, one case proves nothing, but in so serious and fatal a disease it seems reasonable to try any method which is free from objection in itself, and which has a sufficient experimental basis to justify some hope of success.—*The Medical Officer.*

CAUSATION OF CANCER *

Every year since 1912 Dr. Sidney Davies has included in his annual report, as medical officer of health for Woolwich, notes on the habits of persons suffering and dying from cancer in that borough. Last year the number of cases investigated was 238 (154 male, 84 female).

Cancer Cases.—Seventy-four of the patients were stated to be excessive users of alcohol, 22 took the standard quantity, and 127 below the standard. There were thus 33 per cent. of excessive alcohol drinkers.

Ninety-one smoked excessively, 18 consumed an average quantity of tobacco, and 113 below the average, giving 41 per cent. of excessive smokers.

Sixty-five were excessive tea drinkers, 89 moderate and 54 small tea drinkers, giving 31 per cent. of excessive tea drinkers.

Ninety-nine were large eaters, 72 moderate and 48 small eaters, giving 45 per cent. large eaters.

*The Medical Officer.

Seventy-one were large meat eaters, 86 moderate and 57 small meat eaters, giving 33 per cent. of large meat eaters.

One hundred and thirty had a daily action of the bowels, and 44 suffered from constipation, giving 75 per cent. of persons with a regular action.

Control or Non-Cancer Cases.—These cases may be compared with those obtained for 218 persons of similar or greater age, living under similar circumstances, who did not die of cancer.

Of these 37 took alcohol excessively, 24 took the standard quantity and 157 below the standard, giving 17 per cent. excessive drinkers.

Forty-six smoked excessively, 19 in moderation, and 157 were non-smokers or slight smokers, giving 21 per cent. of excessive smokers.

Sixty-six took tea excessively, 96 in moderate amount, and 48 were small tea drinkers, giving 31 per cent. of excessive tea drinkers.

Twenty-eight were large eaters, 22 moderate, and 13 small, giving 44 per cent. of large eaters.

Nineteen were large meat eaters, 9 moderate, and 36 small, giving 30 per cent. large meat eaters.

One hundred and sixty-six had a regular daily action of the bowels and 26 suffered from constipation, giving 16 per cent. of constipation.

Comparison.—It will be seen that, comparing persons who suffer from cancer with those living at advanced ages, or who died at advanced ages through other causes, the great differences are as to habits with respect to alcohol, smoke, and the action of the bowels, thus:—

Cancerous persons had 33 per cent. of excessive alcohol users, 41 per cent. excessive smokers, 35 per cent. excessive tea drinkers, 45 per cent. large eaters, 33 per cent. large meat eaters, and 25 per cent. of constipation.

Non-cancerous persons, living to a greater age, had 17 per cent. of excessive alcohol users, 21 per cent. excessive smokers, 31 per cent. excessive tea drinkers, 44 per cent. large eaters, 30 per cent. large meat eaters, and 14 per cent. of constipation.

Mouth and Throat.—These differences are still more marked with respect to alcohol and smoking, if only those who died from cancer of the mouth and throat are considered.

Of 103 persons dying from cancer of the lips, tongue, jaws, fauces, larynx, œsophagus and cervical glands, 46 (or 45 per cent.

took alcohol excessively, while 73 (or 71 per cent.) smoked excessively. Twenty-eight of these smoked chiefly a clay pipe, 27 a briar, 3 cigarettes, and 3 cigars. There were only 5 out of the 37 cases of cancer of the mouth and tongue who did not smoke; 3 of these had bad teeth. Among the non-cancer cases all the smokers smoked pipes (42 clay and 25 briar, and 5 both), except two who smoked cigarettes.

Of 161 cases with cancer of other parts than the mouth and throat 39 (or 24 per cent.) took alcohol excessively, and 36 (or 22 per cent.) smoked excessively. It would appear, then, that both alcohol and smoking (especially alcohol) have some general effect in promoting cancer, but chiefly exert their injurious influence locally. This is shown also as regards alcohol by the figures given below for cancer of the stomach, which occupies an intermediate position.

Of the 103 cases of cancer of the mouth and throat, 28 (or 27 per cent.) were excessive tea drinkers. Tea drinking does not seem to be specially injurious locally or generally as far as cancer is concerned. If the injurious effect of smoking were chiefly due to the local effect of heat one would have expected excessive drinking of hot tea to have a similar result.

Of 13 cases of cancer of the stomach, 8 were large eaters and 2 were large meat eaters. Of 52 cases of cancer of the stomach 16 (or 31 per cent.) were excessive alcohol drinkers.

As regards cancer of the bowels, out of 59 persons dying from cancer of the intestines, 32 had a regular daily action, and 26 had constipation, i.e., 44 per cent. had constipation. Thus constipation seems to predispose to cancer of the bowels.

Recently the deaths of the following members of the profession have been noticed: Dr. R. S. Brewster, Beeton, Ont.; Dr. E. K. Henderson, Toronto; Dr. A. Orr Hastings, Toronto; Dr. Philip Howard Spohn, Penetang, latterly of Toronto; Dr. R. W. Faulds, Elmira, Ont.; Dr. Swenerton, Vancouver; Dr. Guilfoyle, Belgrave, Ont.; Dr. Neville H. Little, from wounds received overseas; Albert W. Stinson, Cobourg, Ont.; Elisha Jessop, M.D., M.P.P., St. Catharines; Willis A. Sargent, Colborne, Ont.; James L. Stapleton, London, Ont.; P. R. Shannon, M.D., died of wounds in France; Dr. James B. Rutherford, Chatham, Ont.; Norman H. Beal, M.D., formerly of London, Ont., latterly of Rochester, Minn.; James P. Boyle, Edmonton, Alberta; Arthur Allan Parker, M.B., died of wounds; Kenneth Mackinnon, M.B., son of Dr. Angus Mackinnon, Guelph, Ont.

News Items

The Hospital for Incurables has a deficit this year of $36,000. The City Council has granted it $16,000.

Dr. Arnold A Halliday, recently returned from overseas, has established at 143 College Street, in ear, nose and throat specialty.

Over 55,000 Canadian soldiers have laid down their lives in warfare; and the total casualties announced up to November 13th —213,268. Most remarkable that only 3,409 died of disease!

Major M. M. Crawford has returned from Orpington to Toronto and been appointed registrar at the Rosedale Military Hospital. Dr. Crawford was presented by numerous friends with a cabinet of silver on the occasion of his wedding.

Lieut.-Colonel B. K. Menzies, for the past year in charge of the surgical work at the Ontario Military Hospital, Orpington, England, has returned to Toronto. Colonel Menzies went over in October, 1914, and was an original medical officer of No. 2 General Hospital.

Lieut.-Colonel Chas. A. Hodgetts, M.D., C.M.G., has returned from overseas after four years' service. He was three and a half years Commissioner of the Canadian Red Cross, and then in the British Sanitary Service, being stationed at various points in Ireland and England.

The Medical Officer of Health of Toronto has had the Reception Hospital inspected, and it has been found in a very insanitary and altogether unsatisfactory condition for the unfortunate patients who have been housed there. Strange that the Mayor, who has been so active in other hospital matters, should have allowed this condition of affairs to exist!

Tuberculosis took a terrible toll of human life in Canada during the period of the war, almost as many as died or killed in action. During the past hospital year, the Royal Edward Institute, Montreal, had 11,000 patients consult in its dispensary, and there were 1,063 new patients, of whom 391 were found tubercular. In the military annex of the Institute, 240 soldiers were treated preparatory to being sent to Ste. Agathe Sanatorium; 21 of the latter died.

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COMMENT FROM MONTH TO MONTH

"Extreme Communicability!" Thus did the special committee of the American Public Health Association, which recently met in Chicago, preface their report—"The present epidemic is the result of a disease of extreme communicability." Is it to be understood from this that influenza, 1918-type, transcends the communicability of all other communicable diseases, a word which medical officers of health quite lately have applied to the infectious and contagious diseases, a word of broad and comprehensive force? The pronouncement naturally leads the reader of the report to look for notification, isolation, and quarantine, similarly as practised for scarlet fever, smallpox, cholera, or bubonic plague, but that pronouncement is conspicuous by its absence.

The course of thought conducts the reader further—why not? He reads on and finds no enlightenment. Instead, there is a very original suggestion under the heading Prevention. It is this:

1. Break the channels of communication by which the infective agent passes from one person to another. . . . How is this to be done?

Again 1. By preventing droplet infection. The evidence offered indicates that this is of prime importance: 2. By sputum

control. The evidence offered indicates that the danger here is due chiefly to contamination of the hands and common eating and drinking utensils; 3. By supervision of food and drink. Evidence offered does not indicate much danger of infection through these channels.

The disease which tops the list for communicability—so communicable that 400,000 persons died from it in the United States—is advised to be treated by "Breaking the Channels of Communication," instead of by well-tried and well-proven methods of notification, isolation, and quarantine. Altogether it appears that isolation and quarantine received scant courtesy at the hands of the officers of health.

Medical journals, too, have not considered that isolation and quarantine had any place in this disease of "extreme communicability." Our exchanges have been watched closely, and up to December 21st, 1918, no editorial bearing upon the subject has attracted notice. On that date the *Journal of the American Medical Association* awakened to the fact that there were such practicable means of handling epidemics as isolation and quarantine. It is quoted in full:

Why Not Isolation and Quarantine?

"The present epidemic of so-called influenza is as contagious, and certainly as fatal, as smallpox, scarlet fever or measles. While we know little of its etiology or mode of transmission, we know as much of these two factors in this disease as we know of the same factors in the three other diseases mentioned. There is reason to believe that all four spread by contact—from man to man. When smallpox, scarlet fever or measles is prevalent, rigid isolation and qarantine is enforced, and it is quite certain with at least a fair measure of success. Should not the same methods of prevention be more vigorously adopted in the present epidemic? When it is realized that already from one-fourth to one-third of the population of this country has been subject to the disease, that more than 300,000 persons have died as a result of the infection, the suggestion that every case of influenza be isolated and that quarantine against these cases be rigidly enforced is worthy of serious consideration."

Influenza spreads by contact—from man to man—in the home. Why close departmental stores and prohibit street cars from running, where there is far more crowding than in churches and theatres, and higher educational institutions?

Nice way to stop influenza in Chicago by having every person appearing on the streets wearing masks! Like Bairnsfather's cartoon of the soldier comparing the photograph of his companion with the one with his gas mask on: "I likes the one with the mask on best!" A *pot-pourri* of "Breaking the Channels of Communication" may serve to act as camouflage; but watch the "climb-down" later on when the going is smoother to the good old reasonable and sensible—notification, isolation, and quarantine—methods.

Medical men do not often publish series of their mistakes. Successes make happier reading.

FOOTWEAR AND HEALTH

Disraeli said many years ago, "Public health is the foundation on which reposes the happiness of the people and the power of the country."

When we realize the value to our country of individuals with well-balanced and normally developed bodies, it becomes a duty to inform ourselves upon the functions of the body, in order to keep it healthy. The foot has, through lack of information, been neglected and its functions abused, although it is an important part of the body—as finely constructed and adapted to its particular function as the hand, the eye or the ear.

What do we do to our feet?

We raise them upon heels of such a height that they cannot balance the body as they are made to do, and we cramp them into such narrow boots that the muscles and joints are unable to have free play for carrying and moving the body.

Not only do we prevent the natural use of the foot, but by the present-day fashions we create disturbances of general health and many pains and discomforts.

Narrow, pointed boots and high heels are the authors of hammer toes, bunions, corns, weak muscles, falling arches, many of the backaches fom which women suffer, and much of the eye strain and nervous irritability.

The Paris (France) Academy of Medicine is so impressed by the ill effects of high heels upon the health of women that it has made an appeal to the public to end this injurious fashion.

On the grounds of safety, high heels also are an evil, as is proved by reports from the United States stating that during the year 1916, 1,149 people were killed and over 4,000 crippled from falling downstairs while wearing high-heeled shoes.

National efficiency and security have also been affected. According to one authority, "Sufficient men were rejected among the Canadian forces to form several battalions, on account of bad feet," while the American Museum of Safety states that 90 per cent. of the civilian population have feet more or less deformed, resulting in lessened efficiency, and one child in every five in the high schools in New York was found to suffer with weak arches, practically all due to tight shoes.

On the other hand, it has been shown that the feet of all non-shoe-wearing races are perfectly normal and symptomless.

The fact of the matter is that, while we cannot do without shoes in this country, we can at least see to it that our shoes do not cause injury to health. We have got this foot matter all wrong and our shoes are of wrong shape, they offend nature, they torture us, they cripple us.

A little thought will convince anyone that strong and useful feet are absolutely essential to good health and active life, and a determination to have shoes which will fit the natural foot will result.

If the public will demand a sensible shoe then the manufacturers will supply it.

(Sgd.) Constance E. Hamilton.

CORRESPONDENCE

To the Editor of the Dominion Medical Monthly.

Sir,—Dr. J. H. Elliott has written to me under date Nov. 12. In his letter I find the following: "Although I do not know what the intentions of the committee were as regards the treasurership, I placed in their hands my written refusal to accept re-nomination as treasurer, pointing out that it had been a rule in the past for the treasurership to be held not more than three years, while I had held it for five years, and I felt strongly that the office should be passed on to someone else in the profession."

In a brief conversation Dr. Gibb Wishart told me Nov. 21 that he had a large part in the work done in connection with the preparation and management of the Hamilton meeting. I supposed he wished me to understand that he generally approved.

I had not understood this before, and I was both surprised and sorry. Otherwise I have no comments to make.

Yours, etc.,

A. H. Wright.

Subject: List of Physicians Engaged in Industrial Practice.

December 23, 1918.

George Elliot, Managing Editor,
Toronto, Canada.

My Dear Sir:

Will you kindly call attention in the next issue of your journal to the fact that Dr. Francis D. Patterson, Chief, Division of Industrial Hygiene and Engineering, Department of Labor and Industry, Harrisburg, Pa., is desirous of obtaining a complete list of all physicians engaged in the practice of industrial medicine?

It has been the practice of this Department to hold semi-annual Conferences of Industrial Physicians and Surgeons for several years. These Conferences are well attended, and a great deal of valuable matter is presented in the discussions. In order to reach all physicians interested it is desirable to have their names upon our mailing list. The next Conference will be held early in 1919, and it is, therefore, essential that the names and addresses of all Industrial Physicians and Surgeons be in my hands as soon as posible after January 1st.

Expressing to you my deep appreciation for your courtesy in calling this matter to the attention of your readers, I am

Very sincerely yours,

Francis D. Patterson,
Chief, Division of Hygiene.

Reviews

The Surgical Clinics of Chicago. Volume II. No. 5 (October), 1918. Octavo of 193 pages, 87 illustrations. Philadelphia and London: W. B. Saunders Company; 1918. Published bi-monthly: Price per year: Paper, $10.00; Cloth, $14.00.

These books, bound in stiff paper covers, are of most interest to surgeons, but to country practitioners, who are called upon often to do their own surgery, they will prove themselves of great aid and assistance. The illustrations are many and excellent.

International Clinics. Volume III, twenty-eighth series, 1918. Ten practical clinics; three, medicine; one, ophthalmology; one, rhinology; six, surgery.

This makes up a volume of more than ordinary interest. Readers are urged to write Mr. Charles Roberts, 201 Unity Building, Montreal, for full particulars of this valuable series of practical, up-to-date medicine and surgery.

International Clinics. Volume I, twenty-eighth series, 1918. Philadelphia and London: J. B. Lippincott Co. Montreal: 201 Unity Building.

The clinical articles herein set forth number seven, and are of the utmost value to physicians in general practice. There are three papers in Medicine; two in Neurology; one in Public Health; two in Surgery; A General Review of Medicine for 1917.

International Clinics. Volume II, twenty-eighth series, 1918.

There is an interesting clinic on Diseases of the Skin by that well-known dermatologist, Dr. Charles J. White, Boston, and also six others: two in Medicine; one in Public Health; three in Obstetrics and Gynecology; one in Ophthalmology; four in Surgery; one on the History of Obstetrics and Gynecology.

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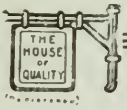
Publisher's Department

THE NEGLECTED THERAPY OF CONVALESCENCE.—The physician of education and experience, who keeps in touch with the progress of medicine generally, is well informed as to the treatment of most of the "thousand and one" ills that he is called upon to combat. The diagnosis and treatment of acute conditions as well as the successful management of the more chronic affections are subjects which he is constantly investigating and studying. It so happens, however, that after the dangerous shoals of medical navigation have been successfully negotiated and when the crisis or danger point has been passed, the physician is all too liable to relax his vigilance and to allow the patient to convalesce without sufficient attention to the therapeutic details of this important period. While the feeding of the convalescent is of great importance, the medico-tonic treatment is equally essential, in order to improve the appetite, tone the digestive, assimilative and eliminative functions generally and to hasten the time when the patient shall be once more "upon his feet." Among all of the general reconstituent and supportive measures in the therapy of convalescence, none is more essential than the reconstruction of a blood stream of vital integrity and sufficiency. Pepto-Mangan (Gude) is distinctly valuable in this special field, as it furnishes to the more or less devitalized blood the necessary materials (iron and manganese) in such form as to assure their prompt absorption and appropriation. One especial advantage of administering these hematinics in this form, is that digestive disturbance is avoided and constipation is not induced.

WOMEN IN THE WORLD'S PROGRESS.—In this day when women's work is so important in keeping the wheels of the world's progress moving, their physical condition should be conserved in every way, whether it be in the home, in commercial offices, or in the hospital as a nurse, as the value of their services is beyond calculation. But unfortunately, much time is lost through menstrual irregularities, and much suffering incident to the pain thereto.

Dysmenorrhea is possibly the most frequent cause for the loss of time, and in mitigating this condition, not alone is the con-



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servation of time an item, but the relief from pain is a humanitarian act.

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HEREDITY AS A FACTOR IN CERTAIN DISEASES: A STUDY OF THE REJECTED

By J. George Adami, M.A., M.D. Cantab., M.D. McGill, D.Sc. Dublin.

Professor of Pathology, University of McGill, Montreal.

His theme was supported by several tables of statistics. He said the war had brought out one of the most far-reaching innovations which has happened in Great Britain, the importance of which probably not one person in a hundred thousand yet fully appreciated. The wealth of information following the adoption of conscription could not have been obtained so long as our army was a voluntary one. Taking Professor Keith's "polygon of frequency," and the standard of—per 1,000 men—700 grade 1, 200 grade 2, 75 grade 3, 25 grade 4, he said that the nearer the normal population was approached, the nearer to Keith's scheme did the figures come. Exceptions could always be found; he had had a man at 50 who passed the Air Board test as an aviator, but he was indeed a *rara avis*. It would be a great mistake to omit the factor of age in all conclusions drawn, as there was always a definite age deterioration. He could not ascertain on what basis the Prime Minister stated that the physical status of our people was lower than that of any other civilized country.

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Until this had been verified, he hoped judgment would be suspended. Out of 1,000 men, 660 grade 1 were found in one district, 531 in another, and in still another 573. In certain countries the figures were as high as 805 and 819. In a mining area 703 per 1,000 were grade 1 men, in a munitions area 660, in a seaport area, 491, a surprisingly low number, and in a textile district 405. It was essential that the Ministry of National Service should continue its work after the war, if only to probe the real cause of different standards of physical condition found according to occupation. When our weaknesses were detected, we could set to work to counteract them. Especially was it desirable to investigate all the facts concerning grade 4, the rejected, though, as would be expected, that grade increased rapidly in numbers after 40 years of age. In one area 30.4 per cent. of those examined had to be rejected for the army. Most of the headings of disability were conditions which were preventable. Tuberculosis, of all forms, accounted for one-third of all r[illegible] tions, the pulmonary form for more than one-fourth. Nex[illegible] order came valvular disease of the heart. In industrial centres, where both parents and various members of the family started work early and continued throughout life, there was the question of serious damage to the germinal cell, so that offspring came into the world feebly endowed with cellular activity. Certainly all was not well with industrial England. Having established clearly what occupations were harmful, the Government must initiate such reforms as would lead to a reasonable and healthy existence of the workers. How were the womenkind to be encouraged to reject the rejected? Nothing in the nature of restrictions should be attempted, but persuasive encouragement of the good was quite permissible, and men should be encouraged to improve their grade. War should be waged against all conditions which lowered the level of health of the people, and by adequate grading we should encourage the mating of the best and strongest of our race, that they might worthily propagate sound stock, and so constitute the true aristocracy of the nation.

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Original Articles

RADIUM TREATMENT FOR EPITHELIOMA OF THE LOWER LIP

By George Elliott, M.D., Toronto, Canada.

(International Journal of Surgery.)

New growths and ulcers of the lower lip, subsequently developing into epithelioma, in their incipient stages first manifest themselves in a slight thickening, or rarely thinning, of the epidermis, generally on the vermilion surface. This slight piling up of the epithelial cells is quite often spoken of by the patient as "I thought it was a cold sore." At other times it may be an ordinary crack or fissure in the skin. Following on in the development comes an ulcer, sometimes with characteristic beaded border, or a nodular tumor formation of varying degrees of firmness up to that of a hard, white, wart-like formation. Sometimes the patient presents himself with a typical ulceration about which there can be made no mistake; again a crusted-over small ulceration; a denudation of the surface layers; or a tumor, varying in size from a pea to a horse chestnut; or a fissure; rarely a cutaneous horn; or a mere scale, like a senile keratosis.

When the lesion is palpated between the finger and thumb there is pretty nearly always induration, excepting in those commencing, or pre-cancerous, conditions which exhibit themselves in a simple denudation which has gone on for some time and not begun to heal, and those simulating keratosis senilis. In fact, on an examination in this manner the lesion feels as though a thin piece of cartilage or pasteboard was embedded in the tissues. This evidence yielding to palpation is considered to be very important in the diagnosis and should always be carefully sought out.

Not all of these affections on the lower lip are of slow growth. Some spread rapidly in two or three months, although not infrequently they have been there for one or two years. Most of them, however, give a history of months rather than years. By far the great majority of cases which have come to me for treatment have been around sixty years of age. I have seen but two under forty

years, both in men; while I have also seen two in women about sixty years.

As to the cause of cancerous conditions of the lower lip, nothing scarcely can be said, any more than causation can be estimated in any other situation; but numerous suggestions have been advanced from time to time, and it is now somewhat definitely asserted, and quite likely believed, that there is present an inclusion of embryonic or foreign tissue. Are we to presume, therefore, if this inclusion tissue is not present, there will be no epithelioma? Hasten the day when some method of diagnosis will determine that!

It is particularly striking, however, that the lower lip suffers almost by itself; for the upper lip exhibits a freedom from attack which is exceedingly remarkable. There is probably some good reason for this, but no attempt will be here made to offer an explanation.

Chronic irritation, particularly by pipe—some would even go so far as to incriminate both cigar and cigarette—mostly answers as the activating cause. There are three or four factors in pipe-smoking which should be borne in mind, perhaps four, when irritation is considered from this cause: the weight of the pipe pressing on the lower lip; the smoothness or roughness of the mouthpiece; that it is held between the teeth; the leakage of fluid of a compound chemical character. A pipe is held between the teeth, when the pressure of the lips is about equally exercised as nearly as can be judged. When it is held between the lips, a hand is required to support it; in this position compression by the lips is not quite so firm as when it is held by the teeth. The jagged end of a clay pipe—the yellow, or otherwise, glazed stem being generally broken off by those who use them—and they are not so frequently used as formerly—would appear to irritate the tongue more than the lips. The juice also would irritate the tongue or floor of the mouth more than the lip. Then there is the smooth mouthpiece of hard rubber, clear or clouded amber, which could scarcely be said to be irritating. Last, the smoke itself, which may be left unconsidered as normal.

Other facts cannot be lost sight of in this connection. Cancer of the lower lip does occur in women who have never smoked. Cancer of the lower lip does occur in men who have never smoked. Of less importance: Some claim they have always held the pipe on the opposite side to that on which the lesion occurs; some are not very heavy smokers; some have smoked but a very short time. Further, smokers are very, very numerous. Cancer of the lower lip occurs in only a small percentage of all smokers. It would

seem that either lip should equally be liable to irritation and, therefore, to injury. Why should the lower lip be the site so much more frequently of inclusion tissue than the upper lip? Histologists and pathologists, attention! That probably has not been answered as yet. Until that question can be answered authoritatively, medical science is no nearer a solution of the cause of epithelioma in this situation when both lips appear to equally bear the burden of chronic irritation.

Indeed, when the statistics relating to cancer of the lower lip are consulted—that is, if they are anywhere tabulated—they must be relatively exceedingly limited in comparison with the innumerable pipe-smokers. Perhaps we can come as near the mark in enlightenment by presenting some statistics of the Department of the Registrar-General of Ontario as it is possible to get. In one recent year in the Province of Ontario, the figures relating to the deaths from cancer in all situations were thus tabulated: Cancer and other malignant tumors of the buccal cavity, 94; of the stomach and liver, 631; of the peritoneum, intestines, rectum, 263; of the female genital organs, 177; of the breast, 126; of the skin, 26; of other organs and organs not specified, 489. So, in a total of 1,806 (1913) deaths under classification, cancers of the buccal cavity (94) and those of the skin (26) are the only ones that could in any possible way be connected with smoking. When we come to eliminate from this total of 120, those in other situations than the lower lip, it will be readily appreciated just upon what meagre grounds there is authority for linking up cancer of the lower lip and pipe-smoking.

It is safe to say that those who have used radium therapy for these conditions of the lower lip, would recommend and style radium as *the* treatment *par excellence*. The cosmetic effect is so satisfactory; often there is no scarring, or scarcely any. It is a pleasant treatment for the patient, some even claiming that they never feel any pain at all during the process of healing. Yet others quite often complain of considerable pain. The treatment appeals to the patient, when frequently the knife, or the mere mention of it, is quite alarming, and seems to be permanent in cure so far as judgment can determine at present. It has been my practice to make more intensive applications of radium for these affections of the lower lip than for apparently similar lesions on the face—above 100 milligram hours. For the white, wart-like growths, which are very resistant, much more intensive treatment is required, distributed over periods of time.

In 1913 radium treatment in Ontario was in its infancy—five years ago; perhaps some had used it two or three years before

that year. During that time it has been employed possibly by some seven or eight practitioners in this province. It is interesting, therefore, by comparing similar statistics for the year 1917, obtained direct from the Deputy Registrar-General, Colonel J. W. S. McCullough, to ascertain if there has been any noteworthy diminution in deaths from malignant disease in Ontario. The statistics would not go to prove it. On the other hand, there has been a marked increase in the deaths from cancer and other malignant tumors in pretty nearly all situations, but especially in the skin; while deaths from cancer and other malignant tumors of the buccal cavity have only increased by three. Here are the figures for 1917: Cancer and other malignant tumors of the buccal cavity, 97, as compared with 94 in 1913; cancer and other malignant tumors of the skin, 69, as compared with 26 in 1913. It can scarcely be claimed that there has been better registration of these deaths in 1917 than in 1913. In the total deaths there is an advance from 1,806 in 1913 to 2,226 in 1917, which bears out the regular run of registration figures in the last ten or twelve years, that cancer increases year by year in Ontario.

What is the explanation of this? Epithelioma of the skin is often of slow growth, and if these patients ever appeared for radium therapy in the period since radium was introduced, it is quite likely they were refused treatment on account of the condition being too far advanced; and yet many of these cases for the time being have been cured by this method, both on the lower lip and the cutaneous surface, though only time will tell whether the cure will last throughout life. Radium, to be successful, like the knife, must be employed early, and it must also go wider, for obvious reasons, than the mere clinical aspect of the lesion. Patients are not sufficiently impressed with the importance of early treatment—any sore or commencing tumor on an individual's lower lip or skin, especially on the face, if extending beyond two or three months and syphilis being carefully excluded, should not be temporized with, provided, as in most instances, the patient is past forty years of age, but should receive prompt radium treatment, if there is the least suspicion that it is of a cancerous nature. On the other hand, there is a lack of true appreciation yet on the part of the profession of the necessity for either early operation or early resort to radium, because the patients quite often give a history of treatment with acids or other caustics. The knife, or radium, must fight it out between themselves as to which is the better. At present all other methods of treatment must yield first place to them. The burden of responsibility, in most cases, rests with the physician as regards

early detection; but more than that, the burden of responsibility rests upon the physician to advise these patients to seek special advice at an early period. Most patients, when they understand radium and its results, will be prone to prefer this method to the knife. Radiologists, from their rather extensive experiences collectively, are fully justified in upholding this therapeutic agent and in lauding its excellent results.

In presenting below a series of cases, I should like to refer to three other cases of epithelioma of the lower lip, which I published in the Dominion Medical Monthly, April, 1917. One was in a woman and two in brothers, the eldest brother of whom, ten years previous to their treatment by radium, had an epithelioma of the lower lip operated upon twice with the knife, and subsequently died from the disease. So far as I know, these three patients have been free from any recurrence after the lapse of three to three and a half years.

Case 1 (not a radium case).—H. W., farmer, aged 38 years, had never smoked or chewed tobacco in his life. When he first presented himself he had had, for some months, a brownish scale, like a senile keratosis, on the vermilion surface of the lower lip on the immediate right side of the median line. It was about one-third of an inch in diameter. This was considered with suspicion, as it might later on develop ulceration, and was apparently pre-cancerous. I treated this lesion with the X-rays. The scale returned six months later, when another and longer course of treatment was given. The lip has remained free now for over a year. This is included in the series because of the age of the patient, and because it resembled so much a senile keratosis.

Case 2.—Mr. C., retired farmer, 82 years of age; had been a smoker. As shown in the photograph, he presented one of those hard, white, resistant, wart-like tumors to the left of the median line. Three treatments of 100 milligram hours, two to three months apart, were required to reduce this to the size of half a pea. The patient was to return for a further treatment, but failed to keep his promise to do so. No definite information can be given as to whether the growth eventually disappeared entirely, but it is reasonable to presume that it would have done so with the additional treatment.

Case 3.—J. D., farmer, age 63 years; had smoked only in the two previous years, using a pipe with amber stem, held on the side the lesion appeared; he quit smoking when the denudation was first noticed. About two months before presenting himself, a small superficial abrasion appeared on the vermilion surface on the right side, half-way between the angle of the mouth

and the mid-line. It was about one-third of an inch in diameter, and was more of a triangular outline than either round or oval. In the mid-line there was a separate small vesicle. There was very slight induration at the vermilion border in front of the denudation, but appreciable to palpation. There was no lymphatic or glandular involvement. The father of this man died of some disease commencing in the mental process, with ulceration on the lower jaw; and he had had a single hemorrhage from his neck before his death. The father most likely died of cancer. Treatment, in March, 1917: 80 to 90 milligram hours. Dr. T. R. Pickard, Churchill, Ont., who referred the case, writes under date of November 15, 1918: "J. D. has absolutely no recurrence of trouble in the lower lip."

Fig. 1 Case 2.

Case 4.—J. G. P., grocer, aged 68 years; father and mother died of old age; smoked all his life since fifteen years of age. The lesion appeared in January, 1916, and had existed two years and three months when he was first brought for treatment. It appeared as a "cold sore which ulcerated and then scabbed." The extent of the lesion may be seen in the photo, below the pad of absorbent cotton. It extended along the vermilion surface, almost to the mid-line. At the commissure it appeared to be creeping on to the upper lip. In two and a half months he again came for treatment. Later on, Dr. Kay, Schomberg, Ont., who brought the patient in for treatment, reported that it was entirely healed with no perceptible scarring.

Case 5.—A. V., moulder, aged 59 years (referred by Dr. Kaiser, Oshawa, Ont.); did not smoke much—a pipe a day; held

the pipe on the unaffected side; father and mother died when over 80 years of age; neither ever had cancer. The epithelioma first came about four months before presenting himself for treatment. The patient thought it was caused by a jagged tooth; it appeared as a little lump first on the inside of the buccal cavity, behind and below the right commissure. When examined this lump proved to be a white, uneven, hard, resisting, wart-like growth. The commissure was involved, infiltrated and slightly crusted on both the upper and lower lips; there was also infiltration in the

Fig. 2. Case 4

mucous membrane, which was pale in color, between the papilloma and the commissure. Radium treatment was given, and two months later the patient returned for further treatment. The commissure was healed, the infiltration gone, the papilloma reduced in size. A final treatment was given, and after two months he returned again, when all evidence of his trouble had entirely disappeared.

Case 6.—S. C.; laborer, 62 years of age; smoked and chewed tobacco. His trouble started about six months previous to April 30, 1918, by a small "crack" on the centre of the lower lip, and after three months a tumor began to grow. It had reached to about the size of a small horse-chestnut when

he came for treatment. One hundred and ten milligram hours radium were administered. The patient returned in three months' time. The tumor had vanished completely, but there remained some ulceration and induration at its site. Radium was re-applied. Writing under date from Perth, Ont., Nov. 15, Dr. W. A. Meighen, who referred the patient to me, says: "I saw S. C. about a month ago, and I examined his lip closely. It looked fine and healthy as far as I am a judge, and I am satisfied he has no complaint whatever. I believe it to be entirely well." There was no history of cancer in this man's family, and his father is alive and well at 98 years.

Fig. 3. Case 6.

Case 7.—W. J. K., farmer, aged 60 years (also referred by Dr. Meighen); never used tobacco in his life in any form. Teeth decayed. Came July 9, 1918. Fully two years ago, after treating his teeth with a drop of carbolic acid, a fissure appeared just to the right of the middle line. The lesion was about the size of the end of a lead pencil, crusted over and indurated. Sometimes there was a feeling of heat in it, and sometimes shooting pains. There was no glandular involvement. Father and mother both died in old age—no cancerous history. The patient wrote on September 17, 1918, that his lip is healed up; that it was fourteen days before the radium began to act; that it discharged all the time; that the mark is small and appears to be getting smaller.

Case 8.—J. B., barber, aged 65 years (referred by Dr. Kay, Schomberg, Ont.); smokes about three pipes a day; chews also. The patient came September 16, 1918. Dryness of the lips was

first noticed, particularly at night; he thought it was a "cold sore." Then an ulcer appeared on the right surface, ran some fluid, and then crusted over. It was oval in outline, its longer axis extending across the lip to the extent of a third of an inch. It was treated with 90 milligram hours. Dr. Kay writes on the 18th of November: "I saw Mr. B.'s lip on the 16th, and it seemed to be pretty well healed over, and he says it doesn't trouble him any now." This patient may have not yet had sufficient time elapse to report upon finally, as the reaction from the radium, the doctor explains, was very marked.

Concluding Remarks: Some of these conditions appeared to originate directly on the surface by a very minute fissure, vesicle, or denudation, and could scarcely be considered to be caused by some inclusion tissue beneath. Dosage is probably the most particular item in treatment, and this must depend upon the judgment of each individual administrator; for it does not appear that stated dosage could be measured and prescribed. In the case of one of the deepest ulcers I have seen on the face, and for which I only administered 20 milligram hours of radium, I was surprised when the patient returned in one month with the sore healed. That radium does not act in the same manner in all individuals seems certain, as in some reaction has set in in eight days, and with the same applicator, as late as fourteen days. In one case I advised the knife first and radium thereafter, but the advice was not accepted; experience teaches wisdom. Why one patient will complain of great pain in the process of healing, while another will state he positively felt nothing, is perplexing. The free nerve endings which pass through the prickle-cell layer up to the corneum, and which are said to transmit the sensation of pain, must all be equally irritated in every patient. If radium produces such elegant cosmetic results, quite as lasting as the knife—for all subjected to operation have not always stayed cured—should surgeons accept these cases for operation? Perhaps an odd patient, here and there, does accept the knife and then the radium. Physiological chemistry may some day solve the problem of cancer, and perhaps it may be due to some aberrant, metabolic process in the chemical constituents of the cell. A cell, to be healthy and properly functionizing, must have its chemical constituents combined in exact proportion. Disorganization of the chemical constituents may possibly be the cause of many diseases of the skin.

219 Spadina Road.
26 Gerrard Street East.

THE SPOTTER

By A. C. E.

I sat in the doctor's reception-room trying to cough my head off. Each time a spasm seized me I could feel my face turgid, flushed. The other patients in waiting, of whom there were seven or eight, fidgeted, and shot deprecatory glances at me although I shielded them as best I could each time with my handkerchief. I had read the health officer's rule regarding the "flu." Being an official I had to act officially, and orificially. Somehow, though, I almost felt like a criminal.

What a relief to me when the door of the consulting-room swung open, and a tall, distinguished-looking disciple of Aesculapius quietly announced "next!" My turn had come at last. I rushed to the inevitable.

I seated myself, so kindly indicated by a mere wave of the hand, drew out my handkerchief, and burst into a violent fit of coughing. When I had finished—I was sitting in a chair at the side of the doctor's desk—I saw that he had seated himself in a chair before the desk, and was patiently waiting my attack to cease. He had beautiful gray hair and bushy side whiskers, but bald from the front porch to the back stoop. I tried to read his eyes of deepest blue, but could not. His face was placid, kindly, sympathetic. I breathed: "How can I do it?"

"That's a bad cough you have—how long have you had it?" he introduced.

I was forced to lie right away: "Three weeks," I replied: I thought I would take the bull by the horns, but this bull was a gentleman. He looked strong mentally, not physically. Perhaps it would have been better for me if I had tackled a calf.

"I want an order for a bottle of whisky. I catch these colds quite often. I like to keep it by me."

"Then you wish to treat yourself—you do not expect me to treat you," he placidly replied.

"Yes. I get some two-grain capsules of quinine from the druggist, and take one, two or three times a day, in a glass of whisky until I am better," I deliberately lied again.

"But you know the law requires that I prescribe whisky only when you are sick, and then only if I consider it necessary for you. In that case I must examine you carefully to see just how sick you are and in what way; but before doing so—I must be

frank with you—I charge five dollars for a full examination—and—and then, if in my judgment your case merits whisky, or any other alcoholic beverage, I prescribe it for you." He saw I was a little taken aback, so waited on my decision.

I had caught some at two dollars, some at one, and once for nothing at all—just said I would call next day and pay. Should I go the five? To land one of the leading physicians in the city would make my confreres crême de menthe with envy, and would show the "powers that be" I was some slick Alec. I was game and placed the fiver in his hand. He leisurely added it to his already considerable wad, calmly showing me how he folded bills—across one end, then lengthwise, completing by a fold in the middle. Then he took a full half hour out of me, inspecting, listening, feeling, pounding lightly all over my chest; took my pulse and temperature, blood pressure; examined my throat, eyes and ears, and other things, and then reached for his prescription pad.

While I was arranging my clothes, I asked: "What do you find wrong with me, doctor?" to a younger man I would have said, Doc.

"You have an induced hyperesthesia of the pharynx, larynx, and trachea and in addition, I find your gall-bladder full."

I looked him steadily in the eye. Was he stringing me—was he suspecting?

"Yours is a case not for whisky but—"

My jaw fell so preceptibly that he stopped short; but I recovered myself in time, for he was distinctly staring at me.

"I shall give you an order for wine."

I could have shaken hands with myself, but dare not. I was going to get him after all.

"Whisky would not be good for your case—too irritating—you must have something mellow and bland—'a little wine for the stomach's sake.' That is according to Scriptnre, antedating the O.T.A."

I started. He was getting close to my official home.

"There," he said, "take that according to the directions on the bottle," at the same time handing me the prescription.

I looked at it. It was all Dutch to me for it was Latin.

With flattering attention and dignity he showed me through a door into the hall, and as I passed the reception-room door, I heard that sauve, graceful voice: "Next patient please."

I headed for Stiles, the nearest vendor, and took my place at the end of the right-angled quene. Quenes are generally straight or serpentine, but this was a right-angled one when I arrived. It would be some time before I reached the bar—I mean counter.

Well, I could observe the upright units of the queue—perhaps gather some information of who's who in the medical profession.

Directly in front of me was a well-dressed lady of several summers and some springs by the way she kept turning from side to side, now back, now front to the friend or foe—which? I could see her laboring bosom when she turned sideways. Once in a while as the line moved up, I caught the sound of something like a low whistle emanating from her ample chest.

"Asthma, lady?" I ventured.

"You speak to me again and I'll call the policeman," she indignantly snapped. "What right have you to know whether I have asthma or thick *neck?*" And she withered me with a glance as she chopped off the question at the *neck*. After that I didn't care who was who in the medical fraternity in her particular case.

After the lady had advanced inside the door, I ventured to scan my neighbor in the rear, as by this time the queue had grown by the accretions of several individuals.

He was a jolly-looking man with a face like raw beef, into which was stuck a huge cigar, and looked decidedly friendly. I approached him boldly.

"Who's your hatter?"

He sensed my meaning at once and came back with: "He's not my hatter—he's my header, or night-capper: better still he's my spiritual adviser. Here he is—get 'em whenever you want 'em at two per," and he showed me the printed order.

I recognized the name, made a mental note of it—he had been before the beak already—drew out my prescription and handed it across the counter, as it was now my turn to be served.

The clerk scanned it, and hastened back to a private office.

"Something wrong with yourn, son," chuckled the face-of-beef.

The clerk returned and handed me back my prescription.

"Can't get that here—take it to a drug store—get out of the way now—closing time—no more orders filled to-day."

"There!" growled beef-face; "if it hadn't been for that 'bum' order of yourn, I'd had mine."

"It isn't a 'bum' order," and I showed him the doctor's name at the head of the prescription.

"Something wrong, son—something wrong." I am a small man which accounts for calling me son. "He's my family doctor: has refused me several times: something wrong:" and he hurried away with the multinored crowd.

"Take it to a drug store," rang in my ears, and I would take it to a drug store. I felt that the doctor was too upright and

dignified to stoop to a mere trick to get a five-dollar-bill out of any patient.

When I stepped on to the street I took the prescription out of my pocket and examined it carefully. I couldn't even read what I took to be the directions. Perhaps there was some special place I should take it, so I turned it over. There sure enough was the name of the drug store the doctor patronized. I went, I handed it in, I got my quart bottle.

"Now I'll go to my room and test it—then I'll have him;" thus I soliloquized as I walked along.

The bottle was wrapped in nice white paper and tied with a pink cord—looked like a box of bon-bons for my best girl. I tore it off when I got to my room and eagerly read the directions—a teaspoonful once a day.

"That won't save you, my nice Doc!"

I was not much of a judge of wines, but I knew my whisky and beer by the barrel and the bottle. I poured out, not a teaspoonful, but a dose right up to the cathedral peaks of my cut-glass tumbler. I like it best neat. It looked like whisky, but I surmised it was sherry wine. I downed it at a gulp. I would have another glass, and then another—and—then—"Hullo!" I cried with all my might to my landlady, Mrs. Ippycake. I swung open my room door and yelled down the back-stairs into the kitchen: "Come quick and send for a doctor; I'm poisoned." Then I grabbed my wash-basin, and began to reverse the peristaltic action of my alimentary canal, until I felt my last orificial end and my otlicial end had come.

Believe me, I was a limp sausage-casing when the doctor arrived.

He smelt the bottle, tasted it, looked at the directions: "That's not poison," he said.

"What is it then?" I weakly murmured.

"It's wine of ipecac—for colds, coughs, evacuation of the stomach. How much did you take?"

"Something more than I could hold," I groaned.

Captain Harry Pearson, Toronto, assumes duty at the Pension Board, Ottawa.

Dr. Henry Crossweller, Windsor, Ontario, has returned home after three years overseas. For a time he was a prisoner in Cologne and Hanover, and at Lecatean worked in a German hospital among the wounded.

News Items

Sir Andrew Macphail is expected to return to Montreal in March.

Major Samuel H. McCoy, Toronto, who has occupied various responsible positions overseas, is reported ill.

Lieut.-Colonel T. A. Starkey, Montreal, has been appointed Consultant in Sanitation in Military Districts 4, 5, 6, 7.

Colonel Walter McKeown, Toronto, is expected home in March, but his family will remain in England, to which he will in a short time return.

Major Breffney O'Reilly, M.D., Toronto, physician-in-chief to the Royal Air Force in Canada, has been made a member of the Order of the British Empire.

Colonel Herbert S. Birkett, Montreal, returned overseas a short time ago and was apointed Chief Assistant to the Director of Medical Services in the Canadian Army.

The following deaths in the profession have been recently noted: Dr. Robert McClure, Port Elgin, Ont.; Dr. McCabe, Hamilton; Frank W. Wesbrok, born in Brant County, 1868, and President of the University of British Columbia; Dr. John Mackenzie, Pictou, N.S.; Captain Arthur Allan Parker, Toronto; Lieut. P. R. Shannon, Toronto University, 1916; Neville H. Little, 13th Canadian Field Ambulance; Captain Andrew Ross, M.B., Toronto, 1915.

Clinical Medicine for Nurses. By Paul H. Ringer, A.B., M.D., Asheville Mission Hospital, Asheville, N.C. Illustrated. Price, $2.00 net. Philadelphia: F. A. Davis Company.

This volume for nurses represents the substance of lectures given the nurses at the above hospital extending over several years. Of the diseases nurses are called upon to care for, the main points herein treated are symptoms and their meaning, complications and their detection. The book will likely prove of value to the nursing profession, and thus of indirect advantage to the patients.

Dominion Medical Monthly

And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH

The After-Treatment is often of equal importance with the operation. The soldier who has parted with his limb, his jaw, or a section of his alimentary canal well knows this. Daily, and sometimes oftener and sometimes less often, he has watched the progress of his case to recovery. Now that he is back home on his crutches, he cannot receive his compensation all in words. Perhaps he is not thinking so much of pay. Perhaps he is taking his own view of the after-treatment. In many instances he will strike out for himself as though nothing had happened.

It is said that when a sailor dies at sea his shipmates say of him: "Poor old Bill is gone," and they gather his effects, take them to the foot of the foremast, hold an auction sale, and every one bids as high as he can; for the money is sent to the widow.

Canada's soldiers bid as high as they could—over fifty thousand of them bid their lives away, and over two hundred thousand bid their limbs away, and some their eyes, and some their reason.

Upon all occasions in the last four years Canada bid high—the official figures state there were 611,000 in khaki. The people of Canada bid high in five Victory Loan campaigns; the official work of governments was monumental. In voluntary war effort such as Patriotic Fund, Red Cross (British and Canadian),

Y.M.C.A., Belgian and Serbian Relief. Canada bid high to the tune of nearly $100,000,000. Tag days were many and successful.

Soon the Canadian soldiers will commence to return to Canada at the rate of thirty thousand a month; and it is expected they will all be returned by August of the present year. All are enjoined to help in reconstruction and repatriation. What can an individual do? It is the question most likely that is uppermost in every citizen's mind. There is one outstanding thing and that is to bid as high as you can all the time.

Are the people of Canada prepared to bid high in the after-treatment? Wherever a speaker is heard, wherever a newspaper is read, Canada appears to be most grateful for all the soldier has done. Like all other rules there is an exception. When the soldier returned from fighting enters the lists for political honors, he has to fight those battles as though he had never bared his breast to the foe and stood steadfast against the common enemy of his land.

In allowing some of these men to be returned to Parliament and the legislatures by acclamation, the people of Canada will show that they are prepared to bid as high as they can.

Influenza—The Practicability of Notification, Placarding and Quarantine. According to the pamphlet on influenza, issued by the Provincial Board of Health of Ontario, thirty-three medical officers of health for States and Provinces *frankly state that these measures are impracticable*. Where do they get their knowledge? Not by practice but by theorizing. Nine others frankly state, *as a result of their experience*, that placarding and quarantine are practicable. Which group of medical officers of health has the better right to speak authoritatively? Ten other medical officers of health qualify their approval. Is this a question to be decided by a majority vote of the medical officers of health?

The experience, and, therefore, the pronouncement of the thirty-three seems to be absolutely worthless, for they have had no experience, consequently are not entitled to state that the measures are impracticable, as the word means "not able to be done." Nine prove that it has been done. Even if considered in the light of "unmanageable," it would appear that the thirty-three, while no doubt able to exact notification and command placarding and quarantine, somehow or other felt that they were

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incapably handicapped. Any scheme to be practicable must not only show that it can be done, but that it must be done with some degree of success to prove its worth and importance.

Influenza took a terrible toll of human life on this continent; and no single man who has not tried practicable means of notification, placarding and quarantine is entitled to be "torched" above nine men who have found these measures practicable and, therefore, it is to be presumed, useful.

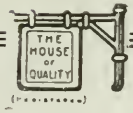
In the lurid and lamentable light of experience, boards of health in Canada and the United States should reconsider the practicability of notification, placarding and quarantine for a disease, which the American Public Health Association has described: "A Disease of Extreme Communicability."

THE NEWER LUNG SURGERY

Am. Jour. Surgery.

Those who were fortunate enough to hear the addresses of the visiting foreign surgeons at the College of Physicians and Surgeons and at the New York Academy of Medicine in the early November days will not soon forget these memorable occasions. They were all inspiring addresses, especially in the setting of spontaneous patriotic fervor that marked those days. They were set forth with a remarkable lucidity and grace of diction; charged with big and novel surgical principles and bearing a message of profound import not only to war surgery, but to surgery of civil life.

The remarks of these surgeons could easily furnish sufficient material for a dozen editorials, but we have selected for comment in this number their experiences in lung surgery, because this was perhaps the most startling feature in their addresses. This phase was beautifully set forth by Major Duval, the daring originator of the latest treatment of wounds of the chest and lung, whose French, by the way, was worth going miles to hear. He traced the evolution whereby his present methods were obtained and no one could accuse Duval of Chauvinism when he pointed out that certain German principles, such as the teaching of the exaggerated dangers of artificial pneumothorax and the necessity of handling the lung with special instruments, had retarded the progress of lung surgery appreciably. In the early days of the



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war expectant treatment of lung wounds had proven disastrous, as a mortality of 45 per cent. eloquently testifies. The stimulus to Duval's temerity in treating lung wounds was afforded by the discovery of the now well established principle of treating war wounds (also, we believe, first originated by French surgeons) by excision of traumatized tissues and primary sutures. He, therefore, applied this principle to the treatment of lung wounds and soon found that the lung, like other tissues of the body, need not be handled with the timidity with which it had hitherto been accustomed. He also found that the dangers of an artificial pneumothorax had been tremendously exaggerated. Essentially, therefore, the method devised by Duval consists in wide exposure of the chest cavity, producing a complete pneumothorax with prolapse of the lung: pulling out and exposing each lobe of the organ, and treating the wound in the same manner as a wound in any other part of the body, followed by complete closure of the thoracic cavity, without drainage.

With this technic, wounds of the lung are treated according to three indications: 1 Hemorrhage. 2. Threatening asphyxia. 3. When the lung wound was such as to probably promote infection. In the first two indications, the method resulted in the saving of 65 per cent. of the men threatened with death from hemorrhage. In the chest wounds with lung lesion, the danger came from infection from the wound itself or from the foreign body. In this class of cases, the mortality had been reduced from 30 per cent. to 9 per cent. As an indication of the marvellous possibilities that this method brings with greater surety of indication and technic, Duval cites the fact that in *the last 33 cases of lung wounds there was no death.* In addition, the cure obtained by this method is better than that obtained by any other method, because it left the function of the lung perfect. Truly, it may be said, that Duval's work is a revelation.

Bastianelli, the renowned Italian surgeon, corroborated all of Duval's assertions, and in addition, made a recommendation of his own, which, it seems to us, will prove to be a large contribution in the treatment of lung wounds. He advises in certain cases of closed lung wounds with intrapleural hemorrhage that, instead of making an artificial pneumothorax and closing the lung wound, the blood be aspirated and at the same time air be introduced into the pleura so as to keep up the compression, which, in Bastianelli's experience, is the dominant factor in arresting pulmonary hemorrhage. His statistics certainly prove his contention. In 290 cases of penetrating wounds, death occurred in 18.

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Two hundred and six of these patients had closed chest wounds, and of these 7 died; 84 had open chest wounds, of whom 11 died.

Our interest in this topic has aroused us to look up the original papers of Duval, so that we might inform ourselves more thoroughly concerning the details of the principles, technic and indications, of which the above summary is merely a bare outline. We find that the best résumé of his work is published in *War Surgery and Medicine*, June, 1918, Vol. 1, No. 4, published by the Surgeon-General. We advise everyone interested in this fascinating field to read this report.—E.M.

POISONING BY AUTOMOBILE FUMES

To prevent poisoning from automobile fumes the following precautions should be taken: Have good ventilation; do not run the motor in a small, insufficiently ventilated garage; do not run it unnecessarily; put alcohol and glycerine or some other non-freezing mixture in the radiator; use good gasoline; do not use too much oil. If you must work in a confined space wear a gas mask or attach a rubber hose to the end of the exhaust to carry the fumes off outside. A warning sign should be posted in every garage. Future improvements in the automobile to prevent sickness and deaths from automobile fumes might be a tank to absorb the poisonous gases or a practical electric battery for out of town use.—H. J. Blumensohn, M.D., in *The Medical Record*.

Slow Convalescence.—The strong, virile, robust individual who emerges successfully from the attack of the pneumococcus, the bacillus influenza or the mixed infection of typhoid, is more than likely to recuperate rapidly from the depressing effects of the systemic disease from which he has suffered, and his convalescence will be prompt and uninterrupted. It is not so, however, with the patient, whose vital resistance was at a comparatively low ebb before the disease invasion. In such cases, tardy convalescence is the rule, unless active measures are taken to revitalize the blood and thus restore and repair the essential solid elements—the red cells, and the oxygen-carrying hemoglobin. Pepto-Mangan (Gude) performs just this necessary service by furnishing the needed organically combined iron and manganese to build up the blood-forming functions of the organism. It can also be depended upon to improve the appetite and act as a general tonic, and reconstructive, without deranging digestion or causing constipation.

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Original Articles

THE ADRENALINO-PITUITARY TREATMENT OF ASTHMA

By R. Bensaude, M.D.,
Physician to the Paris Hospitals,
and L. Hallion,
Deputy Professor at the College of France.

(Specially reported for The Medical Press.)

Very satisfactory and immediate results can be obtained in the treatment of the attack of asthma by the subcutaneous injection of either adrenaline or of pituitary extract, or, still better, by a mixture of the two substances.

The solution with which we obtained the results to be set forth below contained per c.c. half a milligramme of hydrochloride of adrenaline and an amount of disalbumenized total extract of pituitary body corresponding to 0. gr. 25 centigrammes of the fresh gland. This we employed at the rate of one c.c. a day, but one of our patients, unknown to us, made three injections in twelve hours without any untoward symptom.

We have employed the adrenalino-pituitary mixture in 56 cases of asthma, and also in a few cases of persistent spasmodic cough. The youngest patient was eight and the oldest 60 years of age. We have given, in all, some 500 injections.

In almost every instance the treatment determined subsidence of the asthmatic attack. The effect usually made itself felt within from two to five minutes after the injection, and a single injection in most instances sufficed to cause the attack to subside. As a rule the relief is immediate and complete. One of our patients, employed at a neighboring railway station, when he feels the attack coming on, runs round to the hospital, gets his injection, and is able to return to work in the course of a few minutes. In most of these cases not only does the attack cease, but complete quiescence takes place, so that when the attack is by night refreshing sleep follows.

This abrupt passage from the state of crisis to one of absolute well-being does not obtain in every instance, the effect sometimes merely amounting to relief, short of total subsidence. When patients have had to be given injections several days following the results of the second and third injections have seemed more effectual than the first. In any event a patient who reacts to a given dose invariably remains sensitive to that dose without any tendency to tolerance, consequently we are not called upon to increase the dose in order to obtain the same effect. In one instance the patient has been employing the remedy for the last four years, and the effect has in no wise diminished. .

Although it is necessarily somewhat difficult to estimate the efficacy of a remedy in such a capricious disease as asthma, I think we are entitled to conclude from our experience that not only does it, in favorable cases, afford immediate relief, but it seems to lengthen the interval between subsequent attacks. This is also Borchardt's opinion, and his view is that this effect is due to the pituitary constituent.

The most remarkable instance from this point of view is that of an elderly lady 60 years of age, who had been having extremely severe attacks for the last 30 years, at least once a month. She had a daily injection for three days following, which on each occasion relieved her instantly, and since then, for upwards of eighteen months, she has not had a single real attack, at most a little bronchial whistling.

Apart from these successful cases we had five in which the treatment proved altogether inoperative. One of them was that of a patient with typical essential asthma who had had attacks ever since childhood. This patient obtained no relief whatever even after taking six daily consecutive injections, although he is forthwith relieved by inhaling the fumes of anti-asthmatic powder.

A friend informs me that in the case of a girl with typical asthma eleven daily injections afforded no relief at all. When the first injection fails to exert a beneficial influence it is, in our opinion, undesirable to push the remedy. It may be that in these unbenefited cases a larger dose would produce the desired effect, but personally we have never given more than one c.c.

Patients who have been obliged to have recourse to morphine to obtain relief are unanimous in preferring the adrenalino-pituitary injection. Comparing the effect of the morphine injection to that of this mixture, one of them said his impression was that morphine abolished his individuality without acting on

the attack, whereas our injection seemed to act on the attack without impinging upon his individuality.

As far as our experience goes, these injections do not seem to expose the patient to any undesirable collateral consequences. Dr. O. Weiss, for that matter, injected himself with five times the amount without experiencing any inconvenience.

In the great majority of instances the injection gives rise to no discomfort whatever. Occasionally, after the first injection, does the patient complain of slight tremors, the sensation of electric shocks, of weakness in the legs, restlessness or palpitation, lasting at most a few minutes. The symptoms, such as they are, are in all probability due to the adrenaline, and are, if anything, attenuated by the pituitary extract.

Speaking generally, it may be undesirable to employ this treatment in cases in which, for any reason, hypertensor drugs are contra-indicated. At the same time this is a theoretical objection which is open to the criticism that, in the dose we recommend, administered hypodermically, we have never remarked any tendency to heightening of the blood pressure.

So much for the clinical aspect; it remains for us to explain the action physiologically, and this is no easy matter. Suppose we admit the general opinion that an attack of asthma is due to spasmodic contraction of the unstriped bronchial muscle fibres. Adrenaline and pituitary extract have, in general, the effect of causing the contraction of unstriped muscle fibre, so that *a priori* one would expect their action to do more harm than good. Clinically, however, the contrary is the case, so that we are driven to the conclusion either that the bronchial unstriped muscle fibres have a physiology differing from unstriped muscle fibres in general, or else that the spasm theory of asthma is to be discarded.

If we were led to the second conclusion we should have to ask ourselves whether, in an attack of asthma, a certain engorgement of the pulmonary circulation does not come into play. In such case, to explain the favorable effect of pituitary extract, we might invoke the fact, established by Wiggers and also by one of us, that under the influence of pituitary extract the pressure is lowered in the pulmonary artery and raised in the carotid. But as this is essentially a practical article it is unnecessary to carry this theoretical discussion farther. It will suffice to establish the unquestionable efficacy of this combination of adrenaline and pituitary extract in the treatment of the attack of asthma.

THE VALUE OF THE DICHLORAMIN-T SOLUTION (DAKIN-DUNHAM) IN THE TREATMENT OF INFECTIONS OF THE UPPER AIR PASSAGES

D. Bryson Delavan, M.D., New York.

(American Journal of Surgery.)

Dichloramin-T, the basis of the Dakin-Carrel fluid so extensively used as an antiseptic in a wide variety of infectious conditions, has an intense germicidal action, corresponding to its high content of chlorin. It is difficult to find for it perfectly satisfactory solvents which will yield stable solutions. Drs. Dakin and Dunham state that the best medium thus far found is an oil obtained by the chlorination of paraffin wax, to which has been given the name "chlorcosane." Other solvents experimented with are a mixture of eucalyptol and paraffin oil, and a heavy oil obtained by the chlorination of eucalyptol. Eucalyptol has been found to be irritating. Chlorcosane is not irritating and has seemed decidedly preferable. Explaining the action of dichloramin-T in oil, Dr. Dakin says that antiseptics incorporated with or dissolved in oily substances usually possess little if any antiseptic activity, because intimate contact with the infected matter is hindered by the oil. When, however, the dichloramin-T solution in chlorcosane are brought in contact with aqueous media, the partition coefficient between the oil and the water is such that a certain amount of the dichloramin-T passes into the water and there exerts its germicidal action. The amount of the dichloramin-T thus passing from the oil is increased by the presence in the aqueous medium by substances capable of taking up chlorin. So that the oil solution seems as a store for the antiseptic which is drawn upon to maintain the germicidal activity of the aqueous medium with which it is in contact. The dichloramin-T oil solution may be sprayed upon wound surfaces or poured into accessible parts of deep wounds. It yields moderate amounts of the antiseptic to watery media, such as secretions from wounds or mucous membranes. It is suitable for sores requiring prolonged antiseptic treatment and for first dressings of wounds which do not require irrigation. The application of the oil is extremely simple, and generally it need not be renewed more than once in twenty-four hours.

Admitting the germicidal power of dichloramin-T, it is desirable to study its value in the disinfection of septic conditions

of the upper air passages, regions especially liable to infection, prone to harbor germs of dangerous character, abounding in recesses difficult of access by the ordinary means of application, and often becoming foci of infection threatening extreme danger. This is especially true of the upper nasal region, the vault of the pharynx and the tonsils. The dichloramin-T may be used to advantage in these regions under three different conditions:

1. To prevent the extension of newly acquired infection.
2. To overcome the acute results of infections, and
3. To abolish the bacilli persisting in carriers.

The success of the method must depend upon the thoroughness of the application of the disinfectant. Brushing the surface of the tonsil or spraying the lower section of the nasal cavity cannot possibly be effective. A spray atomizer must be used which will carry the spray in all directions—upward, downward and sidewise.

The crypts of the tonsil must be disinfected to their lowest depths, and the superior half of the nasal cavities must be thoroughly reached. To effect this the following principle must be recognized and carried out: The parts must first be cleansed, and then exposed to the fullest extent by the application of adrenalin or some similar astringent, and finally the dichloramin-T oil sprayed into them until every crypt and recess has been completely reached. This thoroughness is absolutely necessary in order to secure the removal of the most deeply seated germs.

Used in the strength of two per cent. or less, the solution with chlorcosane is not irritating, although stronger solutions may be. Suitable atomizers are necessary. The success of this method has thus far been gratifying.

Where this method fails, in the presence of hypertrophied tonsils or adenoids, the removal of the latter may be necessary to effect a final cure.

The desire of the author is to furnish a method so simple in itself as to be readily carried out by the average practitioner, with the aid of apparatus inexpensive, durable, clean, compact of form, light of weight and therefore available for use under all circumstances of medical practice, whether civil or military.

The essentials to success are:

1. Recognition of the principle of the necessity for the complete exposure of the centres of infection.
2. The use of a proper spray atomizer.
3. The devotion of sufficient time and care to the effective carrying out of the treatment.

ERRORS OF DIAGNOSIS IN PRIMARY EXTRA-GENITAL SYPHILITIC LESIONS

By Marcel Pinard, M.D.,
Ex Chef de Clinique at the Faculty of Medicine of Paris.

(The Medical Press.)

Seeing that the lesions of primary syphilis not unfrequently give rise to errors of diagnosis when they present themselves in the usual spot, e.g., on the reproductive organs, it is not surprising that such errors should be of even more frequent occurrence when the lesions attack other parts of the body. Sundry instances of this have recently come to our notice in which non-recognition of the syphilitic nature of the lesion was the cause of the disease being communicated to others, an accident which an earlier diagnosis would have obviated.

A soldier, D, was on furlough from October 13 to 23. He had occasion to consult the medical officer of the district where he was staying for considerable glandular enlargement under the chin, which he was told would have to be opened. He did not like the idea, so he postponed any active measures until his return to the regiment, and there, after passing through various auxiliary hospitals, he gravitated into one where the condition was diagnosed as "goitre." An operation was judged necessary, and photographs were taken, full face and in profile. It may be conceded that on the strength of the photographs one would be almost tempted, were it not for the rather high up situation of the tumefaction, to call it exophthalmic goitre, the right eye looking upwards favoring this explanation. However this may be, the patient narrowly escaped being operated upon, his exemption being due to the intercession of an army surgeon who noticed that he had a secondary eruption, whereupon the patient was transferred to a syphiligraphic centre on November 4.

It turned out to be a case of syphilitic chancre of the mouth with tremendous enlargement of glands. As so often happens, the razor was incriminated, but it is left open to question whether the razor cut into a chancre in the course of formation, or whether it created a solution of continuity which subsequently became infected.

Another soldier, while being shaved early in October, bled under the chin. He was dressed at the infirmary, where it was thought to be a mosquito bite. The wound was dressed with wet dressings, but did not completely heal until December 10.

In November, however, he complained of pain on swallowing, and aphonia, and he went into hospital for a month, where he was treated with gargles and collutories, without any improvement. As he was anxious that his tonsils should be removed, he was sent to a throat clinic, where syphilis was diagnosed, and he was dispatched to a centre for syphilis on December 15, that is to say, two months and a half after the appearance of the primary lesion. Traces of the chancre remain under the chin, where there are still enlarged glands.

A third patient was transferred on December 1, 1917, with the diagnosis, "glandular abscess of the left axilla." He was admitted to the surgical wards on December 7, when he was suffering from sore throat, with high fever, severe nocturnal headache, and albuminuria. Papulo-erosive lesions were discovered on the sheath and scrotum, present since December 3. Thereupon the patient was transferred to a syphilitic centre. The diagnosis of secondary syphilis could not be called in question. The much-enlarged axillary glands, which, for a long time, were the only observed lesion and motivated his removal, still existed. We thought they might reveal the whereabouts of the primary lesion, and after close scrutiny we found a red scaly patch on the dorsum of the second phalanx of the left middle finger, slightly infiltrated but actually healed. This had made its appearance four months previously, in September, and was caused by a log of wood that had pinched him. The resulting ulceration had been dressed for a long time as for an ordinary wound.

A fourth patient, employed in a munition factory, was sent by his doctor to the dermatological clinic on account of a cutaneous eruption. It proved to be a maculo-papular secondary syphilitic eruption. Search was made for the primary lesion, which was neither on the throat or on the genitals. A dressing on the right thumb led us to suspect that origin, and as a matter of fact we found there an ulcer that had existed since two months, depressed, irregularly oval, not punched out, with a red muscular floor, slightly infiltrated. No epitrochlear adenitis, but some enlargement of the axillary glands. Wassermann reaction strongly positive.

The patient's wife on examination revealed nothing of interest after several careful clinical examinations. The uterine cervix appeared to be normal, but there was some metritis. She had complained of severe attacks of headache for several days past, and the Wassermann reaction was feebly positive. It would seem, therefore, that her syphilis was more recent than that of her hus-

band, and was particularly insidious in that no cutaneous manifestation could be discovered.

A patient seen a few days later for syphilis of somewhat older standing than that of the husband of this last named patient turned out to be the fellow worker of the woman, and sat next to her at table.

These several cases show the importance for the practitioner of being prepared to diagnose extra-genital syphilis. The chancre itself as well as the glandular enlargement might pave the way to very unnecessary surgical interventions, and open the door to further infection, not to speak of the consequence to the patient of having no proper treatment for many weeks or months.

COLORATION IN THE DIAGNOSIS OF DISEASES OF THE SKIN

By A. T. Bremner, L.R.C.P.Edin., J.P.

(Presidential Address delivered before the London Dermatological Society, October 15, 1918.)

(The Medical Press.)

To anyone who desires to do successful work in the field of dermatology the very first essential is undoubtedly accuracy of observation. In order that we may keep correct records of what we have seen, and be able to give to others the benefit of our observation, we must cultivate clearness in definition.

The difficulty of drawing up a nomenclature or classification of colors is evident when we consider the great number of hues, with their different shades and tints.

In the artistic world many attempts have been made to compile such a classification on a scientific basis, so far without success.

This difficulty is increased a hundredfold in the case of a living structure like the human skin, the color of which, even in health, changes with startling rapidity under influences of exterior or interior origin. Under diseased conditions these color changes are still more accentuated. Color is described as "a property of light which causes bodies to have different appearances to the eye." This description is not very illuminating. Objects are seen because they either emit light or reflect light. In speaking of black or white we recognize that the rays of light are wholly absorbed, or wholly reflected, respectively. We must content ourselves with the statement that color is a sensation.

Although color blindness is uncommon, there are persons who in a minor degree have defective color perception, and hence follow little differences of opinion as to the exact shade under our view.

Anyone who has attempted to prescribe a flesh-tinted lotion will appreciate the difficulty of defining the standard color of a healthy normal skin, and yet we need a basis on which to work before making any comparison of the kaleidoscopic color changes of diseased conditions, in which we find many diversities and varieties of hues. This difficulty is due to its complex nature, and the picture if a healthy normal skin is best appreciated by contrast with the innumerable cutaneous lesions or efflorescences with which we have to cope.

What is flesh color? Why is one person ruddy, and another sallow? Why is one a brunette and another a blonde?

To answer the question I appealed to an artist, and inquired as to the admixture of pigments employed to produce a flesh color.

This is the answer:—

Silver white.
Naples yellow.
Emerald green.
Venetian red (very little).
Carmine (very little).

It has been our custom, in an effort to describe color in diseased conditions, to take some natural object, animal, vegetable, or mineral, for comparison—for example, the supposed resemblance of a patch of lichenisation to shagreen leather, although we may have a doubt as to whether many people are acquainted with the appearance of this article.

Comparisons of this kind have their uses; they have had many years of service in dermatological literature; they are often graphic; it may be impossible to supplant them, but they are certainly not scientific.

The color of the skin partly depends on the amount of pigment in the cells of the malpighian layer, on the vascularity of the skin, with its wonderful arrangement of vessels, and on the thickness and tint of the corneous layer, the cuticle forming a screen of lesser or greater density to the vascular structure lying below.

Speaking broadly, the stratum corneum may be said to have a greyish tint and the malpighian layer a yellowish.

Pigment is increased by exposure to heat and light, the actinic rays being chiefly responsible. That it can be increased by heat alone is proved by the occurrence of erythema ab igne, with its reticular mottling on parts of the body protected from light.

Pigmentation is Nature's defence against the irritant effects of light. Results of deficiency of sunlight are seen in the pallid countenances of the dwellers in our slums and basements.

A large proportion of the stains and discolorations with which we have to deal are, of course, derived from blood pigments.

Before giving you some examples (not an exhaustive list by any means) of skin diseases in which one particular color is conspicuous, if not predominant, we may take as a starting point the case of the albino, where there is complete absence of pigment, and the skin of the negro, in which we see pigment in its most pronounced and generalized form. Between these two extremes we find in pathological conditions an almost illimitable gradation and variety of coloring, always instructive and often puzzling. In giving you some examples I shall employ the phraseology now in use, and later will show you a dermatological chart exhibiting the various gradations extending from flesh color to black.

Black.

Black as an occasional or constant tint is best represented in some of the congenital affections, of which the pigmented mole is an example. It may be objected that the mole is often brown; true, but it is sometimes black. Ichthyosis can fairly be described as of a dirty appearance, the scales varying from brown to black. In the erythrodermic xeroderma the dry skin is red.

Another example of this kind is nevus unius lateris, in which the scales covering the warty elevations may be of normal tint, or brown or black.

In keratodermia plantaris et palmaris the color is of yellowish horny appearance, but as the years go on it may be brown to black. Descriptive term, "Like the bark of a tree."

The pigmented warts of xeroderma pigmentosa afford another instance of congenital hyperpigmentation. Acanthosis nigricans, with its greyish brown to black skin, may also be mentioned.

I should like to say a few words on the influence of parasitism as a cause of discolorations.

The dark blue spots, the maculæ cœruleæ, which are an occasional sequence of pediculosis, are extremely interesting when we get an opportunity of seeing them. A more frequent happening occurs in those cases of hyperpigmentation, together with scratch marks in pediculus corporis, due to dirt, vermin and scratching, hence the appellation "vagabond's disease."

In passing, may I recall to your memory the fact that the pediculus corporis—

In white races is greyish or white.

In black races is black.

In Eastern races is yellow—

a good example of protective coloration and adaption to the favored host. Vegetable parasites and some of their effects on color will be dealt with directly.

As a contrast to these dark hues we may just name two diseases of pigmentary atrophy, viz., leucoderma and leuconychia, as well as albinism already referred to.

Affections in which white is the predominant tint.

(1) Milium, with its white, grey, glistening tumors. Descriptive term, "Pearly white."

(2) The white anemic centre of an urticarial wheal. Comparison, "A nettle sting."

(3) The white or silvery scale of psoriasis, sometimes grey to greyish yellow. Comparison, "Mother of pearl."

(4) The milky white or pink tumors of molluscum contagiosum.

(5) Scar tissues, with this reservation, that all scars are not white.

(6) Macular leprosy in its later stages.

(7) Atrophic macules and striæ.

(8) Scleroderma, in early stage red, yellowish brown with grey or pink spots, then white. Chameleon-like changes of color can often be seen, if the case is looked at from various angles. Descriptive terms, "ivory," "a mask," the immobile features as a "marble statue," and "frozen corpse," quite descriptive, but somewhat gruesome.

Red is the prevailing color in all its varying tints, shades, and tones in the innumerable inflammatory affections of the skin.

As an example of non-inflammatory redness vascular nevus may be cited as a type.

Rose or Pink.

Examples:—

(1) The marginal portion of an urticarial wheal.

(2) Pityriasis rosea, with its oval rose-colored spots: salmon tinted, with its fringe of fine desquamation, preceded by the herald patch. It leaves no scar or stain.

(3) For diagnostic purposes pityriasis rosea may usefully be compared with syphilitic roseola, in which the color is a dull pink: there is little variation in the size of the lesions, and scales may or may not be present.

(4) The pink variety of adenoma sebaceum.

(5) The periphery of a tinea circinata.

Fawn or Cafe au Lait.

Tinea versicolor affords the best example of this tint. It may be mistaken for arsenical pigmentation, but in the latter the discoloration is "dappled," and there are no scales. In tinea versicolor a little friction easily removes the scales, and the microscope does the rest.

Light Brown or Buff.

This color is well demonstrated in urticaria pigmentosa, and the photograph of a child which I show gives an exact picture of the color tints.

Yellow.

Example: Xanthelasma palpebrarum. Plaques, yellow, yellow pink, or straw. Term of comparison, "A piece of chamois leather let into the skin." As a generalised discoloration jaundice may be mentioned.

Orange Peel Yellow.

In xanthoma tuberosum multiplex this distinctive yellow may or may not possess a pink areola. When the lesions are of a darker or earthy hue, the yellow color may be seen at once by using the diascope. In xanthoma diabeticorum the color is orange-red to pink. Seborrhea corporis is a pale dull yellow, with greasy scales.

Lemon Tint.

Is well seen in pernicious anemia.

Green.

As a distinct color it rarely occurs, the explanation being that red together with green produces yellow.

Brown.

In association with other colors brown is to be seen in many affections. As a predominant color it appears in the common freckle, in chloasma and the marginated patches of erythrasma. Brown has also a large share in symptomatic or secondary staining, i.e., they follow and occupy the sites of pre-existing disease.

Blue.

This color is represented in the following list: Petechiæ, ecchymoses, purpura, certain trade stains, argyria (slate blue), some nevi, the results of cocaine injections, maculæ cæruleæ.

Purple.

May be seen in the lesions of erythema multiforme and the surrounding parts of a healed varicose ulcer.

Violet, Violaceous, or Lilac.

Lichen planus is a typical example.

Mauve.

The plaques or bands of morphea may be described as mauve-colored to pink, the centre later becoming pale. Descriptive term, "Like old ivory."

Bronze.

This is represented by Addison's disease, diabetes, mycosis fungoides (not constant). Descriptive term, "Tomato-like tumors."

Of intermingling colors there is infinite variety.

In diseases where polymorphous types are so frequent, it is not surprising that they should also prove to be polychromatic.

Warts.

In such a common ailment as warts how greatly one variety differs from another in color.

Verruca vulgaris: Yellowish-brown or brownish-black or of normal skin tint.

Verruca filiformis: Pale pink.

Verruca digitata: Color of the scalp.

Verruca plana juvenilis: Yellowish or pale brown.

Verruca venereal: Red or pink.

Verruca plana senilis: Grey, brown or even black.

In no disease of the skin is multiformity of lesion, associated with multiplicity and play of colors, better demonstrated than in erythema exsudativum multiforme.

In erythema multiforme we see shades of pink, red, dark red, purplish, and violaceous, and in the sub-division of erythema iris this is beautifully seen in the series of concentric rings, each ring differing from its neighbor in tint.

Color changes are also manifest in the nodes of erythema nodosum. Starting as a bright red, they pass to a duller red or purple, and then through the various progressive tints of a bruise, blue, green, and dull yellow, hence the appropriate synonym of dermatitis contusiformis.

It is interesting to observe that in the cutaneous tuberculoses, all due to one bacillus, that the lesions of the various types differ so greatly one from another in the colors displayed.

Contrast for a moment the red to purple of strumaderma, the blue tinge of the broken down edges, and its pale and flabby granulations with a tuberculide such as lichen scrofulosorum. In both these diseases there is intimate connection with an existing

tuberculosis of glands, but the picture in lichen scrofulosorum is entirely different, with its groups of minute round papules, pale yellow or brown, or even of normal skin color.

We note also the wide divergence in appearance between the so-called "apple jelly" nodules of lupus vulgaris, and the large nodes in Bazin's disease, the importance of the latter from a diagnostic point of view consisting in its liability to be mistaken for gummata.

Syphilis, in its pernicious endeavor to appear what it is not, and to entrap the unwary, is on occasion the most perfect simulator of almost all diseases of the skin. One of the most remarkable examples of syphilis as an imitator is where it closely resembles variola in its general aspect. Like Proteus, the sea-god, it appears to possess a free license to change itself into a variety of forms. It is needless to add that, like Joseph's coat, it is of many colors, and every one of the latter I have mentioned may be represented.

I almost apologise for mentioning that syphilides do not keep up to this standard of coloration, and other diseases may be of coppery tint, as is well seen in long-standing cases of dermatitis hemostatica.

We must remember the general law that syphilis may imitate all known forms of skin disease, but can produce no originals, and never forget that syphilis is an expert delineator in the whole art of clinical and pathological camouflage.

SOME DONT'S FOR BURNS

(American Journal of Surgery.)

There are some things that should not be done to a burn, and some of them are these: Never use an antiseptic of any kind on a burn except of the mildest sort, because its caustic action will eat off the new cells and cause a maximum of scar tissue formation; never use salves or grease of any kind, as they will surely cause sloughing and infection; never allow the cotton or gauze in your dressing to come into contact with the wound, as it will act as a mechanical irritant and the new cells growing into the meshes will be pulled off when the dressing is removed; never apply a powder or dry dressing as the serum will dry, forming a crust under which it will rapidly stagnate and decompose.—C. T. Thomeson in the *International Journal of Surgery.*

Dominion Medical Monthly

And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH

Medicine and Osteopathy was the valentine *The Globe* presented to the Osteopaths on the 14th of February, 1919. St. Valentine's Day is so called because "birds" on that day were supposed to choose their mates. *The Globe* robin espouses the *rara avis*—the osteopath.

Who inspired this valentine? Apparently the report of the Commissioner, Mr. Justice Hodgins, and the proposed new Medical Act are not to the liking of *The Globe*. "The Legislature need not become involved in the controversy between Medicine and Osteopathy as rival systems of Therapeutics." Why not? Is *The Globe* prepared to advocate that any one may qualify anywhere for the teaching profession and demand entrance into the public and high schools of this province? And so with Law and Dentistry? If men and women qualify for the practise of Law and Dentistry in other countries must they be allowed to practise in Ontario simply because they wish to; and would the Legislature have no say in the matter?

"People should be free to seek this kind of treatment so long as *they have the assurance* that a practitioner of Osteopathy is what he professes to be, and has been adequately trained in his particular art, *such as it is*" (the italics are ours).

"Such as it is," and "they have the assurance," would scarcely suit Mr. Justice Hodgins, who examined them at first

hand; and the phraseology will scarcely be acceptable to the people of Ontario.

"Medicine and Osteopathy are two different things." Well then: How can they be called "rival systems of therapeutics?" Therapeutics is defined as that part of medicine concerned with the treatment and cure of diseases; and this is a definition not taken from any medical dictionary. The treatment and cure of diseases might be called the fundamental principle of Medicine; but Medicine and Osteopathy are two different things. Then what is Osteopathy?

If "the proper way would be to create a Board of recognized Osteopathic Physicians to examine candidates for licenses to practise, until the Osteopaths are in a position to establish a college of their own," why should not the Chiropractors, the Christian Scientists, the Vitopaths, the Eclectics, the Physio-Meds., do., ditto, &c., &c., etc., have the same right to create a Board and so on and so forth? Are all the foreign-born and unborn cults to have a tryout on the people of the province of Ontario until it is found that there is no merit in their system? What cult of healing ever originated in any province of Canada?

"Men will not spend four years in studying for a discredited occupation when *another year* would admit them to the practice of Medicine." So because men will not take the regular and prescribed way to gain access to the ranks of the medical profession in Ontario simply because an additional year is added to the curriculum of studies, an additional year which would make them more proficient and efficient, Ontario is to be subjected to the most glaring piece of class legislation—the creation of a Board of recognized Osteopathic physicians. The whole reasoning of the aforesaid editorial is so absurd that it is not understandable how a self-respecting newspaper could be so impolitic as to even countenance such a step, and especially so when that self-same newspaper has repeatedly denounced class legislation in its pages.

The legislators of Ontario will be well advised to stand by the findings of the Commissioner as set out in the report carefully and comprehensively prepared by him; and they will scarcely accept the conclusions arrived at by the said editorial that "The Legislature need not become involved in the controversy between Medicine and Osteopathy as rival systems of therapeutics," when "Medicine and Osteopathy are two different things."

The representatives of the people, who are entitled to have as much health as they are willing to pay for, are the very first to be involved in any dispute which arises in connection with the

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health of the people. The people will hold their legislators responsible for protecting their health and their lives. How are the physicians who have been overseas "doing their bit" to be fitted back into civil practice, into their own jobs, on their return, when they find unlicensed practitioners, educated in another country, occupying their places? That is a problem in Reconstruction which *The Globe* would solve by creating a new Board of Osteopathic Practitioners and licensing all and every, educated for such work in a foreign country. There can be no "rival systems of therapeutics," where the health of the people is concerned. There is but one end involved—to treat and cure as speedily as possible.

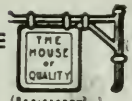
Dr. Harry B. Anderson, Toronto, attended the meeting of the medical directors of life insurance corporations, and then went on to Atlantic City for a few weeks.

LIQUOR FOR MEDICINAL PURPOSES

Hiram Walker & Sons, Limited, Walkerville, Ontario, recently notified the medical profession as follows:

"We have been notified by the Board of License Commissioners for Ontario, under date of October 29th, that a duly qualified medical practitioner, registered under the Ontario Medical Act, is, under the Ontario Temperance Act, entitled to purchase alcoholic stimulants directly from a distiller, in quantities not exceeding ten gallons, and to keep that quantity in his house or office. We are therefore, prepared to accept orders from duly registered physicians and to make shipments directly to them in quantities not to exceed ten gallons at a time.

"For some time past physicians have had difficulty in obtaining alcoholic stimulants of standard quality promptly when required for medicinal use. This decision of the Board of License Commissioners removes that difficulty, and we welcome the opportunity of once more offering to our friends of the medical profession our standard brands, "Canadian Club," Imperial and Walker's Old Rye, than which there are no better known brands in Canada. "Canadian Club" Whiskey has been well known throughout the world for many years as a medicinal whiskey, but in point of purity and soundness in method of manufacture, any one of our standard brands may be relied upon."



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News Items

Colonel Harold Parsons has gone from Toronto to Halifax.

Captain William Goldie, Toronto, has returned from overseas.

A new addition is to be erected to the medical building of the University of Toronto.

The Carnegie Corporation, New York, has donated $500,000 to Queen's University, Kingston, Ont.

A new hospital is to be established in Belleville, Ont., by the parish of St. Michael's and will be undenominational.

Dr. Donald McGillivray has resumed practice in Toronto after serving some time overseas and acting on the travelling hospital board.

Colonel J. J. Todd has resigned from membership of the Pension Board, Ottawa, and will likely return to private practice in Montreal.

Colonel Herbert A. Bruce, Toronto, was married a short time ago in London, England, and is said to be returning to Toronto immediately.

Dr. W. J. McCollum, Toronto, who was visiting in Florida the middle of February, was taken ill, and wired for Dr. Gideon Silverthorne, Toronto.

The District Medical Boards in connection with pensions now not only examine disabled soldiers but as well estimate the percentage of disability.

Lieut.-Colonel W. J. O. Malloch, M.B., returned to Toronto about the middle of February, and almost immediately was attacked with pneumonia. Obituary notice later.

Colonel Charles A. Peters, Montreal, who has been latterly Assistant Director of Medical Services with the Fourth Canadian Division, has returned to Montreal.

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The Relief of Sciatic Pains and Lumbago.—Despite the dicta of certain philosophical physicians that pain should be endured, and indeed is, after all, but a beneficient reaction of the nervous system against threatening forces, relief from pain will be sought by all. In fact, it is obvious that long-continued pain exhausts, while excruciating pain, as that of sciatica, urgently calls for relief from the standpoint of rational therapeutic practice. To draw attention to one feature of pain alone which demands, at least, its temporary subjection, reference may be made to insomnia. It is patent that sleep is impossible so long as acute pain is present, and it is also clearly apparent, that sleeplessness, lasting over a long period, will sap the strength of the strongest constitution. The strong prejudice that exists against overcoming pain, is mainly because the result is often, perhaps usually, obtained by the employment of narcotics, which although affording the longed for effect, not only upset the digestion but what is worse by far may, and frequently do, establish the drug habit. Phenalgin is a remedy for pain which acts with a sure and uniform efficiency, and at the same time does not lock up the secretions, upset the digestive functions, nor bring about a drug habit. In other words, Phenalgin relieves pain without exerting any injurious action on the human mechanism and permits and encourages the physiologic forces of the body to work at normal speed. The use of Phenalgin, therefore, is of the greatest service in the treatment of pain from all sources for the reason that it does not interfere with the vital forces of the body, but if depressed from one cause or another, gives them an opportunity to recuperate and regain their normal tone.

A *Manual of Gynecology.* By John Cooke Hirst, M.D., Associate in Gynecology, University of Pennsylvania; Obstetrician and Gynecologist to the Philadelphia General Hospital. 12mo. of 466 pages with 175 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, $2.50 net.

This book will be found of the utmost advantage as one to review gynecology by, just prior to examination. It will give the medical student a practical working knowledge of an important subject.

Dominion Medical Monthly
And Ontario Medical Journal

Vol. LII. TORONTO, APRIL, 1919 No. 4

Original Articles

CHLORETONE WITH GENERAL ANESTHESIA

By C. La Rocque, M.D.,
Chief Anesthetist, Hotel Dieu Hospital, Montreal, Que.

Many patients who have never taken a general anesthetic, and some who have, exhibit a morbid fear of the ordeal. During preparation for a surgical operation this fear may produce a state of nervousness, bordering on shock, at a time when the patient should be possessed of fortitude. The more complacence at the time of the administration of the anesthetic, the less resistance usually offered by the patient, thereby reducing the necessary time for complete narcosis and minimizing the quantity of anesthetic.

It is during the pre-anesthetic period that an efficient hypnotic is desirable and essential if the best results are to follow the operation. There is also a time following general anesthesia when it is very important for a patient to remain perfectly quiet for the protection of the operation itself, and to give the patient every opportunity for recovery from shock of the surgical procedure and the depressing effect of the anesthetic.

Morphine and atropine have been extensively used as a routine treatment for a number of years and in the main the results have been satisfactory, so far as the narcotic effect is concerned. It is equally true that there are certain well founded objections to the use of morphine. Its action on the central nervous system, metabolism, alimentary canal, excretions and secretions, offer ample opportunity for harmful effects at a time when the patient is in greatest need of recuperative powers.

I have recently made careful observations of 50 hospital cases with major operations, mostly abdominal, performed under a general anesthetic. Each of these patients received Chloretone 25 to 30 grains, in divided doses of 5 grains each, every ten minutes, beginning two hours before operation. Apparently there was no

unfavorable effect upon the heart, respiration or central nervous system. The hypnotic effect of the drug was seen in 20 or 30 minutes following the administration of the first dose of 5 grains.

According to observations, the effect of Chloretone seemed to be analogous to opiates in general and particularly morphine. It produced a slackening of the cerebral functions which prevented the patient from having a perfect consciousness of what was taking place. This bridges that period of excitement and subconscious resistance to the approaching state of unconsciousness. In some cases profound anesthesia was effected in a remarkably short time. The cases remained in a quiescent state with the use of a minimum amount of anesthetic. Just how much credit may be given to Chloretone is a question, as individual patients differ in these respects.

Chloretone did not prevent nausea in every case during the operation, nor during the post-operative period in all of the cases where it was given, but it unquestionably exerted a beneficial influence when comparing results with control cases.

Where there is an excessive amount of secretion obstructing the air passages, the administration of atropine will be found desirable, as Chloretone, like other opiates or hypnotics, exerts little or no effect upon this condition.

According to final conclusions, based upon cases observed, Chloretone is equally as efficient as morphine, minus the tendency to produce nausea following operation. Its hypnotic effect following general anesthesia is lasting and carries the patient quietly through the period of alarm and apprehension frequently following major operations. The fact that Chloretone is a non-habit-forming drug will permit of a much freer use than any of the opiates, and in most cases will accomplish very desirable results as a hypnotic.

Chloretone is a white, crystalline, volatile compound, having a camphoraceous odor and taste, derived from chloroform and acetone. When administered to animals by stomach, it produces all degrees of hypnosis to complete anesthesia, lasting from a few hours to several days, depending upon the amount of the substance entering the system. According to laboratory experiments, Chloretone is conveyed by the blood to the different organs and there seems sufficient warrant for the belief that it has a sedative action on the central nervous system without affecting to any appreciable degree the other organs.

THE MICROCOSM AND THE MACROCOSM*

By Wm. Gunn, M.D., Clinton, Ontario.

Many of the ancients regarded man's body as a microcosm or small universe. On the other hand, many modern thinkers believe the macrocosm or great universe to be an organism, the soul of which is the supreme intelligence, and that humanity itself is a factor in this organism.

When one takes the trouble to think seriously on the subject, one is surprised at the many different ways in which one's body resembles the planet that he inhabits. Similar comparisons or analogies would hold for the universe.

Physiology relates to the body when it is in a state of health, and pathology to its condition in disease. Physiology may be said to be concerned with the body when in a state of peace or in normal times, while pathology treats of the body under war conditions.

The objective of the organism in health is to maintain a normal standard. To this end every organ must perform its functions in a normal manner. The objective of the body in disease is to regain a normal standard, and to this end each organ operates in unison or sympathy with the whole organism.

The functional activities of the body, as described in physiology, have their analogies in the social, economic and industrial sides of human life. The bacteriologist and pathologist are constantly advancing theories having comparisons along these lines, which indicates that they, too, subscribe to the theory of the microcosm.

Physiology has a place for acoustics, optics, dynamics, electricity, and, in short, for all the sciences.

It is probable that the old philosophers found comparisons along physical lines, and in other ways, for the theories of the microcosm and the macrocosm. It is my purpose to describe an attack of appendicitis, with the formation of an abscess, as being typical of acute septic infections. My description will have regard for the teachings of the pathologist and the bacteriologist, with slight rein for the imagination. I trust that you may be able to read into what I have to say some reasons for the title that has been chosen for this paper.

*Presented by title—Huron Medical Association.

The Civilian Population of the Body.

In our description we might refer to the tissues, with their millions of protoplasmic cells, as the civilian part of the organism, in contrast to the soldiers that fight their battles for them.

The cells that we choose to name the civilians of the body supply the sinews of war for the soldiers in the field, and moreover they establish a defence on their own account when they are molested by germs or poisons resulting from the germs or bacteria acting on the tissues.

This defence of the civilian population, designed to render themselves invulnerable, is called immunity.

The immunity of the tissue cells depends on the fact that they part with a portion of themselves rather than perish entirely.

The side chain theory of Ehrlich as to immunity assumes that cells absorb nourishment through parts designed for that purpose called receptors. The cell takes in bacteria and toxins in the same manner.

A toxin may so injure a receptor that it becomes detached from the cell, without causing the death of the cell itself. This is followed by restoration of the damaged part or parts. According to Weigert's law, regarding regeneration of tissue, when regeneration takes place, there is a tendency to over compensation, and thus many more receptors are produced than are needed for repair. The excess of receptors passes into the blood stream and floods the organism. They unite with the toxins, forming the antibodies, which are immune. In this way a home defence is established.

Army or Active Militia of the Organism.

The leucocytes or white corpuscles of the blood, of which there are several varieties, may be considered the standing army or active militia of the organism. This is especially true of the variety known as phagocytes, so called from their fighting propensities. As these fighters are only 1/2500 part of an inch in diameter, they may well be considered in the bantam class; yet one phagocyte is large enough to engulf several bacteria.

Their barracks and breeding stations are the spleen, lymphoid tissue,the marrow of bones, and the lymphatic glandular system. The phagocytes owe their prowess as fighters to the fact that they possess ameboid characteristics, by which they can move about and change their shape. They englobe or engulf their foes, the bacteria, and several of the germs can be seen within the body of a fighting cell. They are more numerous around the affected area,

but they are greatly increased in every part of the body. Normally, they exist in the proportion of one to about four hundred red cells, but the ratio is greatly increased in war time.

This increase of white cells proves not only that bacteria and their toxins are in the system, but also that the phagocytes are mustering their forces to fight them.

Thus phagocytosis may become a valuable sign both in diagnosis and prognosis.

Sinews of War.

The opsonins and agglutinins are the sinews of war referred to already that the civilian population provides for the soldiers.

The opsonins render the bacteria more palatable and digestible for the phagocytes. It is said moreover that they have a sensitizing effect on bacteria, so that they are more easily captured. Others affirm that their action is that of the glass of rum to the soldier going over the parapet.

The agglutinins cause an agglomeration or clumping of the germs. Corralled in this way, bacteria the more easily become a prey to the phagocytes. The agglutinins are more especially observed in the serum of typhoid fever.

The phagocytes employ other forms of strategy which cannot be referred to here.

Zymoids and Enzymoids in Relation to Immunity.

It is probable that the tissue cells and the blood serum produce zymoids and enzymoids that act on the poisons and foreign bodies in the blood much in the same way as the enzymes or ferments act on the different kinds of food during the processes of digestion. Thus the antibodies—agglutinins, emulsins, opsonins, etc.—digest, elaborate or destroy toxins and bacteria, as ptyalin, pancreatin, pepsin, etc., do the starches, proteids and fats.

Breastworks or Fortifications.

The germs have no sooner broken through an ulcerated appendix than a defence is established which might be compared to forts or breastworks.

This defence, designed to prevent the spread of the invaders, is a plastic substance formed from the adjacent peritoneum or subperitoneal tissue. As early as the first hour the phagocytes are in mortal combat with bacteria in and about this inclosure, and many succumb on both sides.

The Omentum.

The fight is not long on before the omentum may take a part in strengthening the defence. This curtain of peritoneum, laden with fat, acts as a protector from cold to the intestines during health. It has been named the policeman of the abdominal cavity.

Every surgeon has observed the protective care of the omentum when the peritoneal cavity is in danger. At times a portion of it may be seen wrapped around an inflamed appendix ready to rupture, like the finger of a glove. Where an ulcer in the stomach, duodenum or gall bladder is about to break through, the omentum is on hand with a patch of itself to save the situation, and even when a rupture has taken place the omentum will often make an attempt to plug the opening.

Disposal of War Wreckage.

As early as the twenty-fourth hour from invasion a commencing abscess is observed within the walls of the defences. The pus cells found therein are the remains of the brave phagocytes that gave their lives for their country. In the bodies of the pus cells many bacteria are coffined. Dead bacteria, lymph cells and necrotic tissue are also found in the abscess.

Pits for Disposal of War Wreckage.

On the under side of the diaphragm there are many small pits lined with endothelium. To these pits the phagocytes haul dead bacteria and other solids which they use as dumping grounds. The lymphatic vessels make use of these pits also, pouring into them the fluid and solid material that they have picked up from the battlefield. The lymph glands elaborate the material so disposed of. It must be remembered that the phagocytes digest many bacteria.

Nature's Precautions.

Nature anticipates and leaves very little to chance. As the abscess enlarges, provisions are made for strengthening its walls. At a very early stage innumerable very small blood vessels appear in the abscess wall and many connective tissue cells are lying close by. These provide building material for strengthening the defences. They also furnish material for closing the abscess cavity with granulation tissue after the pus is evacuated. Fibrous bands from displaced fat also help to fortify the abscess wall in its formation. These are the labor battalions of the war.

The Fate of the Abscess.

If the surgeon's knife does not evacuate the pus, nature will do so and often in the safest manner. This may be by the skin, the bowel or the bladder.

Worthy of note is the fact that a ring of living bacteria is observed near the inner side of the abscess wall and near to them is a ring of phagocytes. Connective tissue cells are seen mixed up with the bacteria and phagocytes. It is observed that the abscess wall is thinner at certain parts. These thinner parts are no doubt intended for the evacuation of the pus when the proper time arrives.

It is probable moreover that the ring of living bacteria referred to are prisoners of war rendered *hors de combat:* and by way of indemnity they are obliged to dig their way to the surface when the abscess is ripe.

What Becomes of the Omentum.

The omentum takes a large share in removing the wreckages of war. While there is danger it remains at its post. Gradually the adhesions that bound the omentum to the abscess wall become absorbed, and, as a rule, it swings back into its old position, the ever faithful guardian of the peritoneal cavity.

The Intestines as a Defence.

At times, especially in severe attacks of appendicitis, the intestines are glued together: the purpose being to hold bacteria and toxins till such time as the phagocytes are free to dispose of them.

War Signals and Additional Defence.

We shall now consider the war signals when the organism is invaded by a foe. The first signal is usually pain or pain and tenderness over the affected area, which may radiate to adjacent parts. The purpose of the pain is primarily in order to keep the inflamed parts at rest. It is absolutely essential that rest be maintained in order to allow the adhesions and fortification that we spoke of, to advance successfully. The pain enforces the rest that is required. The tissues have a language of their own, commonly called signs and symptoms, and pain is often a voice of the tissues to the examining physician or surgeon. "Go carefully or you will do harm." Associated with the pain and tenderness there is rigidity of the abdominal muscles over the inflamed part, and moreover there may be flexion of the thigh on the pelvis.

This splinting of the muscles has the same purpose as the pain, viz., rest to the parts. The pain and rigidity are caused by the last seven thoracic nerves, which are distributed between the peritoneum and abdominal muscles.

Vomiting, Nausea and Loss of Appetite.

Food passing over the inflamed bowel would disturb the adhesions; besides, the system has neither the blood nor energy to spare in war time for digesting food, when there is enough stored away in a prepared form as fat and glycogin. Thus vomiting is a protest against food. Nausea and loss of appetite means that no food should be taken till the appetite returns.

Thirst.

This war signal means that fluids are required for metabolism and for phagocytosis; besides, fluids help to eliminate the wastage of war by the skin and kidneys. Cold water is often demanded by the system in order to regulate the temperature.

The stomach is spokesman for the whole body, both in health and in disease.

The stomach, or the plexis of nerves associated with it, may be regarded as a prayer-meeting house where practically every cell in the body is represented when the budget calls for food. Every cell in the body is hungry, but the sensation is felt as though the need for food were in the stomach. We may well conceive this referred petition to the conscious self or the God in the head as being, "Give us this day our daily bread"; or, at least sufficient food to do till the sensation of hunger returns. The prayer of the tissues is the counterpart of the petition of the conscious self when it prays for daily bread to the God Head or Supreme Intelligence.

Respiration and Circulation.

The pulse and breathing are increased in sympathy with increased metabolism. The carbon dioxide is increased in the blood and more oxygen needed in consequence. Hence the need for quickened pulse and breathing.

Temperature.

Many investigators have come to the conclusion that a high temperature has a beneficial influence on infectious disease. They find that agglutinins and other substances aiding bacteriolitic processes are produced under high temperature. Ludke suggests

that the infecting organism may be killed by heat and that there is a more rapid and firmer combination of antigen and the immune bodies by high temperature.

We are not to infer from what has been already said in this paper that there is no place for the surgeon. We are aware that the skilful surgeon can often remove foreign substances from the body, safely and promptly, that nature would take a long time to get rid of by the roundabout processes of suppuration and granulation, and his services may be equally useful in acute appendicitis. The grey matter of the brain has a function to perform as well as the other tissues, but one of its chief functions is to recognize the purposes and possibilities of nature in the healing art. It is sometimes shocking to hear a so-called surgeon declaiming against abdominal adhesions and to watch him tearing them asunder, without even enquiring as to their purposes.

As students we have sometimes heard our teachers say, "Treat symptoms as they arise," which meant that temperature and pulse should be lowered, diarrhea checked, etc. It would have been more to the purpose had the admonition been, "Consider the purposes of the organism in connection with certain phenomena and treat accordingly." The physician's endeavor should be to assist Nature, if possible, in her endeavors, instead of antagonizing her.

Nature's methods are marvellous enough to engage the wonder and admiration of the physician and surgeon, but she reveals her secrets only to those who are in sympathy with her.

THE PREVENTION OF VENEREAL DISEASE

By Sir Archdall Reid, M.B., and Surgeon Commander P. Hamilton Boyden, R.N., M.D.

(The Medical Press.)

Every great war has been followed by an increase in venereal disease, so marked that on occasions it has amounted to a pestilence. Unless timely sanitary precautions are taken, the greatest of all wars is unlikely to furnish an exception to the rule. We think it desirable, therefore, to give an account of an essay in preventive medicine, which, as may be judged from the following, achieved considerable success.

One of us (A. R.) has been in medical charge of a rapidly changing body of men generally numbering about 2,000. Up to

the end of 1916 venereal disease was common among them in spite of numerous moral lectures and in spite of adequate provision of what is known as "early treatment"—that is, disinfection after the "contact" has returned to quarters. At the beginning of 1917 a new system was instituted. The men were instructed to disinfect themselves immediately after danger had been incurred—just as a surgeon would disinfect his hands. This procedure is what is known as prophylaxis. It differs from early treatment merely in that the man carries the disinfectant and uses it immediately. Each man who applied was given an ounce solution of permanganate of potash (at first in a strengthof 1/2,000, later in a strength of 1/1,000), a small swab of cotton wool, and careful directions. Permanganate of potash was chosen merely because it happened to be the most accessible disinfectant. The rationale of the procedure was fully explained, so that in an emergency the man could purchase the materials from any chemist. During 1917 and 1918 about 20,000 men passed through the station, and among them precisely seven cases of venereal disease occurred, six of gonorrhea and one of syphilis. Of the six gonorrhea cases two only were contracted by men on leave, in each case from the man's own wife. Two of the others were drunk, and took no precautions. The fifth man was infected the night he arrived, and he also, being unaware of the system, took no precautions. The sixth man practised early treatment an hour after intercourse. The man who acquired syphilis also carried no disinfectant and used it (permanganate and calomel) two hours after intercourse. He had a long prepuce, and, therefore, a sensitive gland, and probably did not, probably could not, rub in the calomel vigorously.

The other of us (P. H. B.) commenced prophylaxis against venereal disease in the Royal Navy in 1907.

Some eighteen months ago he took over medical charge of an establishment numbering over 2,000 officers and men. The amount of venereal disease, and especially gonorrhea, was considerable, and it was recognized that of the men who stated they had used the so-called "Dreadnoughts" some 40 per cent. contracted the disease. It thus became evident that nargol jelly as a preventive was practically inert. For the past nine months the method of immediate prophylaxis by means of the application of sol. potas. permang. (1-1,000) has been employed, with the results as striking as those mentioned above in the case of the soldiers. Not a single case of gonorrhea occurred among those employing this method, and only one of syphilis. This latter made the application

about six hours after exposure to infection, and may, therefore, be counted out. Unfortunately, the Navy is a very conservative body, and many men still persist in sticking to the "Dreadnoughts," but in lectures given on the subject of prophylaxis men are gradually being convinced of the simplicity and efficacy of immediate prophylaxy.

The calomel cream is still reserved for those who have omitted to carry the permanganate solution with them, as it seems likely that the former affords some protection, even if an hour or two has elapsed since the risk of infection has been run.

It will be seen that no man who has followed instructions, and disinfected himself immediately, acquired disease. Evidently the element of time is of extreme importance. Probably there is no special virtue in permanganate of potash. Any other active antiseptic would be equally effective. But permanganate is the cheapest disinfectant and the best known to the public, the least poisonous, and the least irritating.

ECZEMA IN BREAST-FED INFANTS*

By Anstruther Davidson, C.M., M.D., Los Angeles.
(Southern California Practitioner.)

It is a matter of common knowledge now that eczema in the infant is a skin reaction due to digestive disability, and the consequent metabolic disturbance. Discussion of local treatment in the circumstance is uncalled for; anything will cure once the primary cause is remedied.

In the breast fed infant eczema is readily controlled by changing the child from breast milk to artificial food. That, however, is too heroic a remedy, as the relief from the eczema is scarcely compensated by the loss in other respects.

Eczema in the infant is probably in all instances due to excess of fat in the mother's milk. To modify the fat ratio by dieting the mother, if we may judge by the experience of dairymen with cattle, is practically impossible. With the cow, if her normal output of butter fat is, say, seven pounds a week, you may by rich feeding increase the amount of the milk, but the fat ratio re-

*Read before the Los Angeles County Medical Association, Feb. 6, 1919.

mains nearly the same in all circumstances. It is probably the same with the woman, so that in our present state of knowledge we are unable to benefit the child by dieting the mother. Our only recourse is to modify the milk in the infant's stomach. Now the fat being the offending element, it is only necessary to render the fat insoluble and this can readily be done by either calcium or magnesia; both form insoluble stearates or soaps that are passed without irritation in the discharges.

In pursuance of this theory I have for some years prescribed one ounce of lime water daily, a teaspoonful to be given before each feeding. In many cases this is all the treatment required.

The addition of lime water to milk is an old habit, but why it is given nobody has ever been able to explain, or perhaps it would be putting it more correctly to say no two people have agreed on the reason why it is given. Some maintain that the action of the acids of digestion facilitate the emptying of the stomach. What good it does the child for the stomach to play the slacker at the expense of the intestines, I do not see.

Others say that it modifies the casein and renders it more friable. This is disputed by many. Is it not possible then that the beneficial effect of the lime water is mainly due to its value as an eliminant of the excess fats; and that it is only in cases where that is in excess that lime water is necessary.

Calcium is one of the most necessary elements in the human body and it is normally in sufficient quantity to supply the necessary basis for the upbuilding of the growing tissues. When cow's milk is given, we are feeding the child the amount of calcium necessary to grow bones in a calf, yet we add lime water to such milk with apparent benefit to the child. It is obvious then that in such cases the buffer salts protect the organism, the blood retains its chemical balance and the excess calcium is passed in the excretions. The question has lately been raised by investigators at Harvard, whether the increased amount of calcium in cow's milk is not of itself sufficient to cause digestive disturbance in the infant. That it may do so is of course possible, but in view of generations of clinical experience it is not very probable.

The Quebec Government and the Federal Government are preparing to enlarge the Sanatorium at Ste. Agathe for tuberculous soldiers. The Sanatorium has accommodation for 70 beds, and it is proposed to enlarge it by 201 additional beds. The extensions will cost about $300,000.

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And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH

Dr. Richard Andrews Reeve, who died recently in Toronto, was a man of whom the medical profession in Canada was justly proud. By his immediate confreres in Toronto he was well-beloved. He was ever kindly, sympathetic, courteous, approachable, and every younger member of the profession could always look to him as a friend. He was possessed of no narrow views, but took a broad and generous view of practice, ethics, and of life in general. Honors came to him more than to most men in the profession of medicine, but they were all worn with a simple dignity. In medical education in particular he was always in the foremost rank, trying to keep the standard of medicine high and untainted. It will be a long time before we shall look upon his like again.

Of William John Ogilvie Malloch similar praise might be sounded. As a mutual friend once said: "He was one of nature's gentlemen." Dying in the prime of life, almost immediately after returning from nearly four years' active service overseas in mankind's holy cause, his death was particularly sad, which was attested by the popularity of "John Malloch." A companion unsurpassed, a loveable man; a keen wit, and a bountiful humor made of him a unique figure in the medical profession of Toronto.

Big of heart and frame, already an accomplished surgeon, John Malloch went to his grave sorrowfully mourned by hosts of friends who would have rejoiced in a brilliant future for him. He had, however, reached his allotted span of life, though comparatively young, and had done his work bravely and well. Friends will long sorrow for him and keep his memory forever dear.

A Minister of Health for Canada is likely soon to be an accomplished fact. There can be no particular objection to the name of the Hon. Newton Wesley Rowell as the responsible head of the Department; but why a lawyer, when an experienced public health doctor sits in the House of Commons? Dr. Charles Sheard would be an admirable man for such position, having had sixteen years' experience in the health office of the second largest city in Canada, several years as chairman of the Provincial Board of Health and Professor of Preventive Medicine in one of the largest universities in the world. Was any other man but a lawyer ever Minister of Justice?

The Provincial Board of Health of Ontario has been denied the manufacture of an arsenical preparation for the treatment of syphilis. It is up to the Canadian Medical Association to inquire into this whole matter to ascertain what is a good and reliable method of treatment. This is a matter that the public should have the strongest assurance upon. Perhaps there may be better methods of treatment, as the consensus of opinion points to the arsenical preparations as adjuvants rather than essentials in cure. Some seem to think they are the pure quill, and that nothing else much matters.

The Eighth Annual Congress of the Canadian Public Health Association and the Ontario Health Officers' Association (joint session), will be held in Toronto on May 26th, 27th and 28th.

Section meetings will be held in Child Welfare, Social Hygiene, Mental Hygiene, Laboratory Work, and Public Health Administration. The subject of Influenza will also be dealt with.

It is planned to make this joint congress the largest Public Health Convention so far held in Canada.

News Items

Dr. William J. McCollum has returned to Toronto from Florida much improved in health.

Drs. Herbert A. Bruce and James A. Roberts have returned to Toronto from overseas and resumed private practice.

The Hon. Dr. Robert A. Pyne, Toronto, has been appointed to the Board of Governors of the University of Toronto.

The Ottawa City Council will ask the Ontario Legislature for permission to raise $1,500,000 for the purpose of establishing a civic hospital.

Lieut.-Colonel Charles Stanley McVicar is the Officer Commanding the Dominion Orthopedic Hospital, Dupont and Christie Streets, Toronto.

Colonel George E. Armstrong, C.M.G., Montreal, is the surgeon in charge of the special surgical clinic of the Royal Victoria Hospital, Montreal.

Dr. Roy Thomas, Toronto, nephew and partner of Dr. N. A. Powell, has returned from overseas, having attained the distinction of the Military Cross.

The Kitchener-Waterloo Hospital is promised a donation of $20,000 to $25,000 by Mr. Jacob Kauffman of that city, on condition the hospital board raise by public subscription $10,000. The money will be expended on a nurses' residence.

Dr. C. H. Vrooman, for the last eight years superintendent of the King Edward Sanatorium, Tranquille, B.C., has resigned his position and moved to Vancouver, where he will be superintendent of the tuberculosis clinic being erected in that city by the Rotary Club.

The following deaths in the profession in Canada have recently been announced: Dr. Donald A. Campbell, Halifax, for over forty years one of the leading physicians and surgeons in Nova Scotia; Dr. John T. Jenkins—"The Grand Old Man of P.E.I."—died in Charlottetown on the 17th of January; Captain Harry Smith, Toronto, who was particularly associated with the Toronto Playground Association; Dr. Daniel Mahoney, assistant superintendent of the Vancouver General Hospital—a graduate of Queen's of 1916; Dr. Charles A. Jones, senior, Mount Forest, Ont.; Dr. G. W. Averill, Grand Forks, B.C.

Reviews

Chemistry and Toxicology for Nurses. By Philip Asher, Ph.G., M.D., Dean and Professor of Chemistry at the New Orleans College of Pharmacy. Second edition, revised. 12mo of 209 pages. Philadelphia, London: W. B. Saunders Company, 1918. Cloth, $1.00 net. Canadian agents, J. F. Hartz Co., Toronto.

Nurses pursuing their course will find this book concisely arranged and clearly written.

An Inquiry Into the Medical Curriculum. By the Edinburgh Pathological Club. Papers contributed to the Inquiry and Report by the Pathological Club. Edinburgh: W. Green & Sons, Limited.

These papers, which lead off with one by Sir James Mackenzie, have been published in the *Edinburgh Medical Journal* in 1918-19, and are here collected for issue as a separate volume. Medical teachers and students will be most interested in the volume. The contributors are eminent teachers in different Scottish universities as well as some in Oxford, London, Dublin, Manchester, Newcastle and Birmingham.

Pathological Technique. A practical Manual for workers in Pathologic Histology and Bacteriology. Including directions for the performance of Autopsies and for Clinical Diagnosis by Laboratory methods. By F. B. Mallory, M.D., Associate Professor of Pathology, Harvard Medical School, and J. B. Wright, M.D., Pathologist to the Massachusetts General Hospital. Seventh edition, revised and enlarged. Octavo of 555 pages with 181 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, $3.75.

That this is the seventh edition, revised and enlarged of this handbook speaks volumes for its popularity. No book could be better for the medical student in pursuit of his studies in the subjects herein set out.

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The Intensive Treatment of Syphilis and Locomotor Ataxia. By the Aachen Methods (with notes on Salvarsan). By Reginald Hayes, M.R.C.S., etc. Third edition, revised. London: Bailliere, Tindall and Cox.

This book explains the inunction mercury method combined with sulphur baths and sulphur water internally. The back, calves, outer surfaces of upper arms, and thighs are selected as the sites, and it is particularly enjoined that an expert rubber is required. The formula of the inunction is given, amount and time, number of treatments, etc. The arsenic preparations are looked upon as auxiliary.

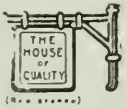
An Introduction to Neurology. By C. Judson Herrick, Ph.D., Professor of Neurology in the University of Chicago. Second edition, reset, 12mo of 394 pages, 140 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, $2.00 net.

The student of medicine will find this a satisfactory handbook leading to the more comprehensive study of neurology when in actual practice.

A Manual of Diseases of the Nose, Throat and Ear. By E. B. Gleason, M.D., Professor of Otology in the Medico-Chirurgical College Graduate School, University of Pennsylvania. Fourth edition, thoroughly revised, 12mo. of 616 pages, 212 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, $3.00 net.

For the busy general practitioner and the medical student this handbook will be found of the best practical value.

The Aesculapian Club have elected the following officers for 1919-20: President, Dr. Herbert J. Hamilton; Vice-President, Dr. N. H. Beemer, Mimico; Secretary, Dr. Frederick C. Harrison; Treasurer, Dr. Edmund E. King; Executive Committee: Drs. F. W. Marlow, Brefney O'Reilly, Arthur C. Hendrick, George Elliott.



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The Weight of Evidence.—If professional endorsement of the therapeutic efficacy of a remedy by men of recognized reputation, further supported by a successful existence of over a quarter of a century counts for anything, it must then be logical to presume that such a product is worthy of a trial in conditions where it is clinically indicated.

No greater an authority upon Gynecological Diseases than Sims could be quoted, and from the fact that he prescribed and recommended the use of Hayden's Viburnum Compound in certain gynecological and obstetrical conditions, is weighty evidence of its therapeutic efficacy and reputation which it enjoyed with the older members in the profession.

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To those physicians not familiar with the genuine H. G. C., as originated by Dr. Wm. R. Hayden, a sample with formula and literature will be forwarded upon request to the New York Pharmaceutical Co., Bedford Springs, Bedford, Mass., U.S.A.

Common Sense Treatment of Muscular Rheumatic Pains.—True it is that civilized people are peculiarly impatient of pain. In fact, they refuse to bear it, and the consequence is that they frequently resort to drugs for relief which, in the end, bring about their undoing. On the other hand, to relieve pain is the legitimate object of the conscientious practitioner, and he endeavors to effect this purpose in such a manner that the patient suffers no ultimate bad effects from the administration of the remedy. Now it is well known that opium and its derivatives will bring temporary forgetfulness and rest to the highly strung, irritated nerves, but it is also a matter of common knowledge that such drugs have their countervailing drawbacks. For example, they will profoundly and injuriously affect the digestion because they lock up the secretions and prevent them from pursuing their

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normal functions. However, their worst effect is that their use tends to establish and confirm a drug habit, and the last state of that man or woman who becomes an addict is worse than the first. Nevertheless, pain can be allayed by perfectly harmless and legitimate means, and it is measures of this kind that the physician is alone justified in employing. Phenalgin is a remedy which, while as actively effective as the opiates, exerts no deleterious effect on any of the bodily functions, nor does it tend in the least to establish a habit. For example, Phenalgin relieves the distressing and sometimes almost unbearable pain of muscular rheumatism with a remarkable degree of promptitude and at the same time does not suppress the secretion, thereby deranging the whole bodily condition. After taking Phenalgin the organism is as responsive as ever to the action of tonics or other medicaments. Moreover, owing to the favorable analgesic action of Phenalgin the body is enabled to allow full sway to its reconstructive forces. Phenalgin brings about wholesome, healthy sleep, and, acting in a safe and effective manner, may be relied upon as an effective aid in the cure of that distressing affection, muscular rheumatism. Especially has Phenalgin been found of value for relieving the aches and pains which cause so much suffering to patients afflicted with influenza, colds and the ills common to cold weather.

Slow Convalescence.—The strong, virile, robust individual who emerges successfully from the attack of the pneumococcus, the bacillus influenzae or the mixed infection of typhoid, is more than likely to recuperate rapidly from the depressing effects of the systemic disease from which he has suffered, and his convalescence will be prompt and uninterrupted. It is not so, however, with the patient whose vital resistance was at a comparatively low ebb before the disease invasion. In such cases, tardy convalescence is the rule, unless active measures are taken to revitalize the blood and thus restore and repair the essential solid elements —the red cells, and the oxygen-carrying hemoglobin. Pepto-Mangan (Gude) performs just this necessary service by furnishing the needed organically combined iron and manganese to build up the blood forming functions of the organism. It can also be depended upon to improve the appetite and act as a general tonic, and reconstructive, without deranging digestion or causing constipation.

Dominion Medical Monthly
And Ontario Medical Journal

Vol. LII. TORONTO, MAY, 1919 No. 5

Original Articles

THE COMING OF THE BABY

By James S. Sprague, M.D., Belleville, Ontario

To paint the lily or to add another hue unto the rainbow is wasteful and ridiculous excess.—King John, Act IV.

This woful hand quod she
Is strong ynough in swich a werke to me,
For love shall geve strengthe and hardyknesse
To make my wounds large ynough, I gesse, said Chaucer.
(1328-1400)

There is no event in any commonwealth, excepting those interests that are embraced in legislative measures relating to the Public Health, in which the Church, the Law and Medicine are more interested, altruistically, or selfish, or by legal restrictions than "The Coming of the Baby." The Church hails the advent as another contributor or addition to its stipends. Stern Law, with its lore of Medical Jurisprudence, furnishes rulings for legitimacy, heirships and criminal acts. While Medicine, cognizant of facts or indicia, acts as one in the Trinity, sustained by authority as usage and rights of the ages have never disputed, or relegated to others. Thus the Trinity of the learned professions—the Trinity that rules the world—and the more learned—the more honored and useful to the nation; and if high standards of one be lowered, the tripod bearing the emblem, as the mercy seat of Jewish worship, will lose its level. Yes, from the Shechinah, surrounding this tripod, emblematical of United Trinity, we must get the inspirations of the Presence of Divinity in all its fulness; for without this absorption, vain and unrewarded will be our studies and labors. The coming of the baby calls us to the cry of the lying-in: it is a cry often heard by me, brother—yes, for fifty years have I heard that cry,

and the Recording Angel has two thousand and more "cases" added to my record.

I hear again that cry—and thus the abrupt ending of my prefatory eulogium and smoke dreams—yes, that cry, "no matter if the wind she blow from the nor'east, west, an' the sou' wind blow also."

"W'en de rain come on de spring hood, an' de bridge is wash away"—"w'en I was never sure of not'ing but work an' work away" that cry was never left unanswered on prairie (Humboldt, Iowa) for five years and forty-five years in this Province—and my poor heart, that for such sufferers has so long and sympathetically throbbed—tells me by its pressure and other warnings that I, with three score and fifteen years, have no time to burn or waste—hence this, my paper, and to that feeble voice "come" I must now say "no"—for, even if the spirit is willing, the body is not strong.

As a voice from the south, re-echoing my own reflections, I introduce the soliloquy of Dr. T. A. Frazier, Marion, Ky., in *Lancet-Clinic*, "as apples of gold in pictures of silver." There is something pathetic, and yet dramatic, to me in this ushering in of souls onto the stage of action; and the more experience I have the more I like to contemplate the beginning of life's drama, and the more I realize that child-bearing is the most noble function of life. Many beautiful scenes appear before us during a lifetime, and I always prefer to contemplate the beautiful, and breathe the air of the optimist, rather than act the part of the pessimist.

I have viewed the dawn in all her beauty, when the sun is making his majestic appearance over the distant hilltops, and sending his golden rays to the distant landscape; I have looked on this world's beauties at high noon, and contemplated their grandeur; but of all the beauties of the day, twilight is the most fascinating. I have heard the whippoorwills as they resumed their nightly cadence; I have seen the fire-flies going aimlessly over the green grass, while the fields of golden grain were stirred by the gentle zephyrs of the South; and the river, already spellbound, lay dusky and silent; the West tinted with pink from the departed sun; the East faintly golden from a half-sleeping moon; and the mid-heaven between, faintly tinted with blue, as though freshly touched with the brush of an artist; I have breathed the air when mild and sweet, languorous with all the lingering memories of a summer day, and the subtle fragrance floating now here and now there, reminding us of great peonies about to go to sleep; I have seen the sweet petunias sighing for the kiss of the evening dew; the modest little mignonette dreaming of the bee; the host of sweet peas unfolding

only to be plucked; the Maréchal Neil rose bowing her proud head as if she were princess of all she surveyed.

I have seen the green ferns waving on the hillside, the sweet Williams as they nod their heads one towards another, the lily with her pure white petals—but all these pale into insignificance when their beauty is compared with *the beauty of the radiant husband as he bends over his faithful wife to give her the first kiss after the baby is born.*

Who is he who beholds these scenes? It is not the family's law adviser nor is he the spiritual adviser. No! he is even greater than either: he is the family doctor, and Doctor J. C. Murray, St. Louis, Mo., well said: "To the conscientious physician there is no department of medicine calling for more serious thought, dexterity and skill, than that required at the bedside of the parturient woman. There is no other instance in the various fields of practice in Medicine where two lives are placed in jeopardy at the same time." Can a mother forget her suckling child? Can she forget him who was with her and consoled her? Yet Burns says "The mother may forget her bairn which to her breast an hour has been—that slept so sweetly on her knee." No cases, but extreme desperation have we met of such abandonment.

In the preparation of this paper, its title is in keeping with the season, in fact, each season, and remembering "the babe of Jerusalem Who was born in the manger, for there was no room for them in the inn." My brother, as this paper is a medley, if you notice many irregularities in interests or observations as introduced. I must assure you they are in a manner thrown together as were the contents in the Spanish tailor's drawer as named by Longfellow—and only the thread that holds together this anthologia of memorabilia, scholia, and odd bits of erudition, facts, ideals, truths and fancies—is my own. Yes, to-night our thoughts, and the thoughts of Christians are of the Christmastide, and from the sublimity of this heavenly gift to sinful man, the suffering of a prospective mother—as named by Burns—is comparatively and solemnly noted in these words: "Oh, who my babie-clouts will buy? Oh, who will tent (heed) me when I cry? Who will kiss me where I lie?—the rantin' dog, the daddie o't.' Oh, who will own he did the faut? Oh, who will buy the groanin' maut (ale)? When I mount the creepie chair, who will sit beside me there? Gie me Rob, I'll ask no mair, the rantin' dog, the daddie o't.

"Who will crack to me my lane? Who will make me fidgin-fain? (fidget with delight)? Who will kiss me o'er and o'er again? —the rantin' dog, the daddie o't." From the "creepie chair" of the

"land of brown heath and shaggy wood"—"the land o' cakes and brither Scots" is indeed a long cry, and to complete the Trinity we present "the mother of the species" in description furnished by *The Westminster Gazette*:

My babe and I in muddy ditch
Lie newly side by side.
Praised by the God who made me rich,
But keeps my soul from pride.

Lean arms I clasp, and bitter rags
For shelter round my boy,
Forgive the Queen in me that brags,
Oh, You who sent this joy.

He of the manger became, and is, the *Salvator Hominum*, and of the mother, it is said of her—*Benedicta inter mulieribus—Benedictus fructus ventris.* As to the bairn of the mother of the "creepie chair," she is blessed, as the fruit of her womb became a piper of the 49th or other Highland Regiment and played the pibroch to fire the clan, or with "*nemo me impune lacessit*" or "*ne obliviscaris*" on his lips he played his parts at *Mons* or *Vimy Ridge*—assisting and encouraging Tommy Atkins—him of the birth in muddy ditch—to save our civilization and firesides.

Born of woman. *Ecce!* "*Salvatores Hominum.*" Each birth, the one of the "manger," the one of, or in the "creepie chair," and the one of the "muddy ditch," each had a mission. Even by blood we appear and by blood, our rights, our liberty and democracy are obtained, saved and held. *Lamentabile est!* In the words of Laocoon: "*O miseri! quae tanta insania, cives?*" and "*Quis, talia fando—temperet a lacrimis?*" that for slaughter pens, trenches and prisons, men were and are born. The lines of Robert G. Ingersoll are in place as illustrative of happy surroundings:

Born of love and hope, of ecstasy, and pain, of agony and fear, of tears and joy—dowered with the wealth of two united hearts—held in happy arms, with lips upon life's drifted font, blue-veined and fair, where perfect peace finds perfect form—rocked by willing feet, and wooed to shadowy sleep by siren mother singing soft and low—looking with wonder's wide and startled eyes at common things of life and day—taught by wish, and want, and contact with the things that touch the dimpled flesh of babes—lured by light and flame and charmed by color's wondrous robes—learning the use of hands and feet, and by the love of mimicry beguiled to utter speech—releasing prisoned thought from crabbed and curious marks on

soiled and tattered leaves, puzzling the brain with crooked numbers and their changing, tangled worth—and through years of alternating day and night until the captive grows familiar with the chains and wails, and limitations of a life, "and such is life in varied phases for the one of royal birth, of birth by right or wrong—or of the gutter, or muddy ditch, and when he assume the toga of manhood, then when "the wars of the seven king-cousins" arouse the world to arms—the summons is to slaughter pens, and he goes—to seek glory and honor, fame, glittering medals—"even at the cannon's mouth." What Insanity!

Ave Mater! Plena gratiae! Why should thy children—the females of the species—the noblest work of God—His masterpieces—and the treasuries of His divinity be the moulds for murderous men?

In this Province (Ontario) in 1915, 6,838 babies under one year of age sickened and died. Think what that means! Imagine, nearly 7,000 families with the suffering and sorrow of a little baby's death, and yet some one has said: "The chance for life depends on the love, knowledge and self-control of the mother." It is a fact that out of one hundred breast-fed babies, seven die in the first year; and out of every one hundred bottle-fed babies thirty die in the first year, and such records are those of every civilized community, and fully illustrative that the paps which should give suck and so designed by nature, are neither useful, but decidedly not ornamental. I give the words of a "Mountain Mother" (as named in "Singing Carr and Other Song Ballads of the Cumberland," by William Aspenwall Bradley)—who evidently was a dystocia:

"Oh, ay, his borning cost me sore. The very night my brothers bore his father home, my pains began. And I, who should have had my man to hold me close upon his knee, must lie low in my bed and see the old midwoman nodding there beside the wood fire. And when at last my pains were done, and to my breast I clutched my son, I knew what custom I must use. I took and drew my dead man's shoes upon my feet, and on my head I placed his hat, then from the bed I struggled up, stood on the ground, and, though all turned, I walked around, for must have been an hour, to dreen myself and make my body clean. Like my dead man, when still in life, I made the midwoman take her knife, and when from his back the blood she pressed, mix it with warm milk from my breast, and give it to my child, to make him strong for his dead father's sake."

Reader, carefully read these words of the ideal mother—the ideal and faithful mother, and compare her effort of loyalty and devotion with that of the father of the illustrious Sir Thomas

Browne (1605-1682)—and of whose infancy it has been said: "His father used to open his breast when he was asleep, and kiss it in prayers over him, as 'tis said of Ovigh's father, that the Holy Ghost would take possession there." Were those prayers answered? My answer is: Read *Religio Medici!* and therein you will find "not only sentences, but lengthy passages of flawless quality—inimitable periods governed by unerring rhythm in which various elements of speech are harmonized by the controlling sense of assonantal and alliterative music." The whole world was made for man, but the twelfth part of man for woman. Man is the whole world, and the breath of God: woman the rib and crooked piece of man. I could be content that we might procreate like trees, without conjunction, said he, or there were any way to perpetuate the world without this trivial and vulgar way of coition: it is the foolishest act a wise man commits in all his life, nor is there anything that will more deject his cooled imagination, when he shall consider what an odd and unworthy piece of folly he hath committed. In answer to this and to prove that since Adam first delved and Eve first span, kind Nature knows no better or other ruling, the following words I present: "Electrical appliances have superseded steam. The old style sailing vessel is an antiquated dream. We have our horseless carriages and 'sich.' And women wear silk hosiery and never knit a stitch. We have our wireless telegraph, and sail through air and sea. We play machine pianos and never touch a key. The bellyache we used to have is appendicitis now. We are eating creamery butter that never saw a cow. 'Progression' is our motto; modern times have come to stay. But, thank God, we make the babies in the same—yes, the same Adamic manner—as was in the beginning, is now, and evidently ever shall be, when Adam blamed Eve and Eve Adam—serpent or monkey—and both raised Cain; for Adam 81 apples and Eve 812." However, "the Reverend Doctor Adam Clark asserts it could not be a serpent tempted Eve, but a gay monkey, whose fine mimic arts and fopperies were most likely to deceive. Dogmatic commentors still hold out a serpent—not a monkey—tempted Madam; and which shall we believe? Without a doubt none knew so well what tempted Eve as Adam." And with the act, Sir William Arbuthnot Lane has left the weight of his great authority to the view that the absorption of prostatic fluid is essential to the full physiological evolution of woman. However that may be, it is certain that the "married" woman, whether her union be legal or illicit, attains to a degree of mental and bodily development which is not given to the spinster; and that per contra, the typical old maid bears to the

seeing eye stigmata, pitiless and unmistakable, of grievous ply and neglect; it is a *vie manquée*.

And how true is this: *La femme ne se décide qu'après avoir été mère*. Lorsque M. le professeur Pinard enseigne: "*La femme n'est vraiment femme qu'après son troisième enfant*" il exprime un fait exact, une profonde vérité. *La maternité est la condition du plaisir en amour*, and, according to Burdach, *La femme éprouve un sentiment voluptueux en tétant son enfant.*—*La Chronique Médicale*.

Amabiles et decori in vita sua: in morte quoque non sunt divisi. —II. Samuel, 1-23. No woman is thawed out until she becomes a mother, and no woman is the ideal woman until she becomes the mother of three children; and the more she adds to her "jewels," more and more angelic and heavenly does she appear among men and among angels—and she said:

"*Ecce! liberi mei, quos dedit mihi Dominus*" *Haec ornamenta mea sunt.* These are my jewels, said Cornelia. *Ad amplexum quaerimus*, "for my true love has my heart, and I have his, by just exchange one for another given; I hold his dear and mine he can not miss, there never was a better bargain driven: my true love hath my heart and I have his. (Sir Philip Sidney.)

And how unalterable is the Divinity that shapes our ends and concerns itself with the coming of the baby, and with Montaigne, 1533-1592, who said, while wrestling for many years with the gravel: "Might I have had my own will, I would not have married Wisdom herself, if she would have had me," such he said, as if going to the whipping post, at his marriage. However, we agree with his words: *Quel monstre est-ce, que cette goutte de semence, de quoy nous sommes produits, port en soy les impressions, non de la forme corporelle seulement, mais des pensements de nos pères.* It is historical to state "that she, his guardian angel o'er his life presiding, doubling his pleasures and his cares dividing," illustrated that love's labors were not lost by the coming of the baby. In *Love's Legend* it is said: A woman is not made to know, but to accept. Her relation to life is not such as enables her to understand many things. In the monad, which is man and woman; nature does not duplicate qualities. What men have, women have not, and the reverse. We are complementary and necessary to each other, but never competitive. Yet, she is ever curious. One fact, that named by Milton, is: "He for God only was made, and she for God in him." She cannot understand, in all its interpretation, when fully impregnated with Pankhurst and other delusive philosophy, but with Houssaye, let us content ourselves. "The man

who has read the book that is called woman knows more than the one grown pale in libraries."

"Nations are built of Babies," and "lest we forget," I present Matthew Arnold's vision: "Born into life, man grows forth from his parents' stem and blends their bloods as those of theirs are blent in them; so each new man strikes root into a far fore-time. Born into life we bring a bias with us here, and, when here, each new thing affects us we come near; to tunes, we did not call, our being must keep chime." Brother, "like the whistling of birds, like the humming of bees, like the sough of the south wind in the trees, like the singing of angels, like the playing of swans," are these words of the Scotch mother, coming to my pen, dearer than the hearing of the pibroch resounding in far distant glens:

"Now, hushaba, my little pet, ye've a' the world can gi'e; ye're just yer mammie's lammie yet, and dear to daddie's e'e—and ye shall ha'e a hoodie braw to busq yer bounie broo, cockle shells and sil'er bells, ye wee croodlin' doo." "The Lullaby of Old Dixie," by Victor A. Hermann, a reminder of down in the cornfields, the cotton and the cane, where the corn is full of kernels and the colonel's full of corn, comes to memory, "life the smack of kisses, like sweet bells ringing, like a mermaid's harp or a kelpie singing" —and thus singing: "Sunny Dixie am yo' home, cotton bale yo' cradle; you am sweet as honeycomb or de sogham ladle. Brown en sassy china eyes, when you laff dey flashes, but you dim them when you cries, wet de silky lashes."

"Sleep! sleep! sleep! benefe de climbin' moon; swift' de shadders creep—de san'-man's comin' down."

To illustrate the want of training or of knowledge by the graduate of a "Brooks" Academy or finishing school, I present her child-like queries (from *Punch*) in the "*Young Mother's Swan Song*," and they were "like a thousand laverocks singing in tune," or "like countless corncraiks under the moon," although she listened to Mrs. Annie Swan's advice:

"It was better for a young mother to start her new chapter unhampered: the less she knew the better it was for her"—the patent food dealer, and the damnable baby soothing mixtures— for her paps were as dry as the walls of Gibraltar: How do you take a baby up? What does it like to eat? Do you put rusks in a feeding cup? Have you to mince its meat? Haven't I heard them speak of pap? Isn't there caudle, too? How do you keep the thing on your lap? Why are its eyes askew? Is it a touch of original sin causes an infant to squall, or trust misplaced in a safety pin lost in the depths of a shawl? When do you "shorten"

a growing child (is it so much too long)? Should legs be lopped, or scalp be filed? Both in a sense seem wrong. "Kitchy," I think I have heard them say; what shall I make it kitch? "Boo," I believe, in a mystic way frightens or soothes, but which? Didn't I see one once reversed, patted about the spine? Is it the way they all should be nursed? Will it agree with mine? Surely its gums are strangely bare? Why does it dribble so? Will reason glare in that glassy stare? If I dawdle it briskly?

Oh!!! Grandmothers! Mothers! or instinct, you? Haste with your secret lore! What, oh what shall I, what shall I do? Baby has crashed to the floor!

Note.—The above appeared in late issue of *Medico-Legal Journal*, New York City, and is presented with several additions and corrections, and that you "read o'er thus; and after this; and then to breakfast, with what appetite you have," asking you, brother, not to look for Centaurs or Gorgons herein to find, but to a study of mankind.

Non hic Centauros, Gorgonas, harpyasque, invenies: hominem pagina nostra sapit.—Martialis, Lib. x., Epig. xiv.

THE HUMAN TONGUE

Some of the tongues that are presented to the gaze of the examining physician are very peculiar indeed—peculiar in their disagreeableness. One is surprised how a civilized human being can carry such a filthy thing about with him. The thick furry coat has a disagreeable fecal odor, and a minute speck examined under the microscope shows millions and millions of bacteria. A veritable breeding place for numberless varieties of germs, one can readily believe that such a tongue cannot fail to be the starting point for numerous infections and inflammations of the internal organs. Many cases of pharyngitis, tonsilitis, laryngitis, bronchitis, many cases of obstinate chronic catarrh and indigestion can be traced directly to a dirty tongue. And more than once have we been obliged to tell a patient rather bluntly: your troubles are due to an unclean tongue. Be sure and have your tongue perfectly clean, before you come for the next treatment.

But disgusting as a physically unclean tongue is, a morally unclean, a vicious, slanderous tongue is a thousand times more so. The injury caused by it is incalculable. A physically unclean

tongue injures its owner only, a morally unclean, i.e., an untruthful, slanderous tongue, injures dozens, hundreds of people besides — eventually — rendering the owner himself miserable, despised and shunned by all decent men.

The virulence of some germs in passing through successive animal bodies becomes attenuated; other germs increase in virulence with each successive inoculation. The germ of gossip belongs to the latter class. As a piece of gossip passes from mouth to mouth, it gains in untruthfulness, in nastiness, in virulence; so much so, that the original promulgator of the untruth may find it difficult to believe that it was his unclean tongue that set the lie in motion.

The injury caused by gossip, by the wagging of unclean tongues would be insignificant, but for one damnable proverb, the falseness and cruelty of which can only be known by those of vast experience in the affairs of the world. The proverb is: Where there is smoke there must be some fire. Used literally, the proverb is generally true; but used figuratively, the proverb is more often false than it is true. Because a slanderous tongue starts a certain yarn about a person, which yarn is taken up by other unclean, idle, slanderous tongues, is no reason why there must be the minutest particle of truth, the faintest shadow of probability, in that yarn.

In times gone by, when we were younger, we were like the rest. When many tongues repeated certain statements about a certain person, we could not help thinking: there must be *some* foundation for such statements. But on several occasions we were in a position to become convinced that certain rumors and statements were absolute lies, lies out of the whole cloth, deliberately started by a vicious, envious Ananias and readily taken up by idle, unclean germ-laden tongues. And since then we have ceased to repeat, parrot-like, the deep proverb: Where there is smoke, there must be some fire. We listen to no rumors, we take no stock of hearsay statements, we throw cold water on the effusions of idle gossip and we have a very important engagement when the slanderer begins to wag his venomous tongue.

We should take nothing for granted, nothing on faith, and should believe only things that we know.

Gentlemen, clean your tongues, and don't believe that where there is smoke, there must be fire. There is such a thing as a spontaneous miasmatic smoke.—*Critic and Guide.*

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COMMENT FROM MONTH TO MONTH

One Million Quarts of Whiskey is said to have been prescribed by the doctors of Ontario from September 16th, 1916, to February 15th, 1919; and at one dollar per prescription (as *The Evening Telegram* has said) would net $1,000,000 for the physicians. The *Saturday Night* is envious, too, at this huge income to the Ontario doctors, for it says the O.T.A. has made the doctors rich.

One million quarts in 29, say for easy reckoning, 30 months, would mean 33,333 1-3 quarts per month; and there being about 3,300 physicians in Ontario, that would mean practically ten quarts a month to each doctor, about three quarts per week—a sort of Getting-rich-quick-Wallingford.

Slush and lush!

Has the National Pol—— Oh! beg pardon! Has the O.T.A. made you rich?

An experienced Medical Officer of Public Health, who has already a seat in the House of Commons, would naturally be considered by most people to be the proper man for the head of Canada's first Ministry of Health. Such a man is Dr. Charles Sheard. The *Montreal Star* apparently considers it better, however, to have a lawyer, or some one else who has no connection with regular

medicine. It is fearful that strife might be stirred up between the regulars and irregulars; and yet both the British and Canadian armies chose regular medicine all through the war, not only for sanitary matters, but to attend the wounded and sick as well. We did not hear of any lawyer being called to the sanitary service and put in charge of it. Surely it is time for the medical profession of the Dominion, as represented in the Canadian Medical Association, to take a stand in behalf of the people on this most important appointment. If "a little knowledge is a dangerous thing," as the *Star* points out, then why advocate a Minister who at best has only a meagre knowledge of Public Health Medicine and Sanitary Science.

French Pharmaceutical Products are being brought to the attention of the Canadian medical profession through the medium of several old-established medical journals of Canada. Some of these will be found in the pages of this journal. It is therefore quite proper, under the circumstances, to ask that our readers peruse these announcements, to solicit samples from their agents in the Dominion, and to try out the therapeutic claims advanced for them. Civilization owes a great debt of gratitude to France. Had it not been for that intensive love all Frenchmen hold for their individual families and their country, a love which brought wandering and voluntarily expatriated citizens from the ends of the earth in France's hour of supreme trial, the multiplied hosts of the Getters-on-in-the-world-at-any-price would have subjected France to a cruel bondage, and placed their iron heel on the lovers of freedom and liberty the world over.

Almost mortally wounded, France has emerged more than conquerors. In their process of reconstruction, the French pharmaceutical houses have turned their attention more than ever before to the Dominion of Canada. They have many eminent scientists, and their medicinal products will be sure to receive from the hands of a country, whose birthright and tradition is British fair play, an adequate measure of patronage commensurate with their proven worth.

HOW TO HANDLE THE MORE COMMON SKIN DISEASES

By A. Ravogli, M.D., Cincinnati, Ohio.

(The Medical Council)

Diseases of the skin can be divided into acute and chronic. The acute can be of a transitory, or recurrent type: chronic, some incurable, others curable with tendency to recur. Naturally, we cannot speak on the skin diseases in full detail, for which it would require a long treatise, nor take up the lesions developed by insect infestations, etc. Cases of dermatitis have usually an acute course. They are the result of irritating agents of mechanical, chemical or physical nature. Many cases are to be considered as occupational diseases: they are provoked and maintained by irritating substances. In those working in cement, or having the hands in bichloride of mercury, chemicals used in making munitions, formaldehyde, etc., dermatitis occurs which is difficult to prevent on account of the professional or industrial call. Removing the chemicals will be sufficient to obtain recovery.

It has to be remembered that by artificial means, dermatitis is produced for malingering, both in military and civil life, and was employed to obtain exemption on the ground of an unknown skin affection. In our experience we can recall only a very few cases in men: probably there are more in young hysterical women. In general, those who are inclined to malingering are neurotic subjects, who intend to make themselves objects of pity, which they want to gain for some particular object.

Dermatitis Factitia.

The application of irritating substances for this purpose is vast and has made a disease by itself, dermatitis factitia. In general malingerers use mustard, pricking the skin with needles or inserting needles under the skin. The most common lesions are eschars caused by burns. We will remember always a young man with round eschars made in trying to imitate pemphigus, which he produced by burning the skin with a lighted cigarette. Another young man, with an extended ulcerated surface of the face, neck and arms, had produced the lesions by burning sulphur on his skin. In many cases it is not easy to expose the deception, but when the patient is closely watched in a hospital, that he

cannot inflict those lesions, every burn heals up in a short time. Another hint to malingering is the possibility of finding remains of the irritant stuff used on the skin, as the yellow stain of nitric acid, or remains of mustard on the clothes. The lesions are, of course, symmetrical, and are seated on locations easily accessible by the hands. The lesions have no appearance of any pathological process, which is gradually produced, but mostly are in the form of a burn, an eschar, and which has become infected within a short time.

Eczema.

Eczema, although a dermatitis, is distinct in its entity, its course and in its symptoms. It can have an acute course and come as a sequel of any dermatitis. Indeed, we draw a line of demarcation between dermatitis and eczema and erysipelas. Dermatitis is a pure and simple inflammation of the skin, caused by the sun, by the irritant action of the poison ivy, by the application of croton oil, X-ray, etc. When pus germs infect the inflamed skin, then eczema begins. In eczema is always the tendency to chronicity, while dermatitis always pursues an acute course. From the degree of inflammation and from the quantity of exudation depends the type of eczema, as erythematous, papular, seeping, impetiginous or squamous. The presence of vesicles is the characteristic of eczema, and even in an acute eczema of the erythematous type, small tiny vesicles can be seen clustered together, which soon break and cause a discharge of clear serum which stiffens the texture of the linen stained by it. When eczema recurs the reason is there has not been at first obtained a perfect recovery. Nests of staphylococci, or foci of infection, are yet in the skin or in the more deeply seated regions harboring the germs, and which reaching again the papillary layer develop acute eczema.

Chronic Eczema.

Chronic cases of eczema are not usually seen in the young, who are not affected with the squamous type of eczema. Eczema of the toes, on account of the rhagades which are produced is a cause of great disability. This type of eczema of the metatarsophalangeal region has its cause in hyper-hydrosis. In excessive sudation the epidermis is so macerated that it easily cracks, forms long rhagades, which are so painful that the patient cannot walk without suffering. This condition, however, can be relieved and also cured.

When the patient retires, have him spread on a piece of gauze this ointment: Ichthyol, 1 dr.; unguent diachylon, 1 oz. This is

applied on the interstices of the toes and on the groove between the toes and the metatarso phalangeal region; it is left on the whole night. In the morning the patient removes the gauze and the ointment, bathes his foot in a solution of sodium borate, cleansing the surface. If rhagades are present they are touched with 3 per cent. solution of argentum nitrate, then dried, and the whole surface is dusted with rice or talcum powder and the toes are separated with cotton, preventing the two surfaces of the skin from touching each other. With this attention we can cure hyperhydrosis of the feet and that stubborn eczema, which is the result of the maceration of the epidermis by the excessive sudation.

Acne.

In our experience we have no difficulty in curing acne, which can be done in three or four weeks. Unfortunately, the use of acne vaccine and of polyvalent vaccines in acne have given in our hands no results. We can say that cases of acne indurata with deep abscesses and disfiguring scars of the face, neck, shoulders, back and chest have been found in individuals to whom abundant injections of acne and polyvalent vaccines had been given. Acne in the majority of cases is connected with gastro-intestinal disorders and with a run-down system, which very often causes seborrhea. The abnormal sebaceous secretion is the starting point of acne. In our opinion, for the treatment of acne it is required first to call attention to the general system, second to the digestive organs, and third to the lesions on the locality. Small doses of calomel, 1-5 gr., with 5 grs. of bicarbonate of soda—has good effect on the stomach and on the intestines. Calomel is a good anti-septic and can be continued for a long time without any untoward effects.

In case of a tendency to diarrhea, we use small powders of salol and bicarbonate of soda (2½ grs. of each and 1-5 gr. of menthol). For the anemic condition, which we find often prevalent in acne, ferruginous preparations, as malate of iron or tincture of iron, have to be advised.

The local treatment, in our experience, consists in opening the pustules and in removing the pus and the degenerated glands. Without removing the contents of the pustules acne cannot be cured, and although by treatment or by the aid of nature the pustules should involute and disappear, ugly scars are bound to remain. This is avoided by opening the pustules and removing the contents. Applications of sulphur ointment, or a liniment containing sulphur, heals up the pustules and prevents recurrence.

So-called Cuban Itch.

Cuban itch has to be recognized immediately and treated. It is due to the vegetable parasite, *Trichophyton tonsurans*, and it is easily spread with towels, hair brushes, etc., and it is acquired in barber shops where the hygienic rules are not well enforced. The disease is local, due to a vegetation of the parasite on the epidermis, and is very superficial. When not recognized and let run for some time, it may go deeper in the layers of the epidermis, infect the hair follicles, causing sycosis, and then it is more difficult to cure.

The treatment is local: it consists in the application of the same ointment which we use for scabies, and which is known as Wilkinson's ointment.

℞ Flor. sulphur,
Sapon. vir., aa ʒii.
Olei cadin., ʒi.
Terr. alb., 3½.
Petrolatum, ʒi.
M.—Rub on the affected skin twice a day.

The ointment produces a necrosis of the cuticle affected by the parasite, which is cast off in the form of scales, removing together the parasitary elements.

(*Continued next month*)

LIQUOR FOR MEDICINAL PURPOSES

(*The Canadian Practitioner and Review.*)

Mr. J. D. Flavelle issued the following summary of regulations on behalf of the Ontario License Board, November 28:

A druggist is legally entitled to have ten gallons of liquor on hand at any time. This amount includes all kinds of liquor exclusive of ethylic alcohol and sacramental wine. A druggist can purchase all the foregoing liquor from a vendor, or he can purchase direct from an Ontario distiller any Ontario whiskey he requires. He can purchase ethylic alcohol in unlimited quantities.

A duly qualified medical practitioner is legally entitled to carry in his house or in his office ten gallons of liquor. He can procure one quart for medicinal practice in his profession from

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¶ In tablet or powder form.

¶ Accepted by the Dominion Government as meeting all tests for Aspirin.

¶ The name Acetophen will identify "Frosst's" products where the German name Aspirin has heretofore been used.

¶ Kindly specify Acetophen if you prefer "Frosst's" Products.

Charles E. Frosst & Co. Montreal

any qualified druggist, or he can purchase from a vendor or distiller any quantity up to ten gallons.

A hospital can have on hand an unlimited supply of liquor. A hospital can procure one quart from any qualified druggist or an unlimited quantity from a vendor of any kind of liquor, or can procure any quantity of Canadian whiskey required direct from an Ontario distiller.

When a doctor, in his judgment, considers a larger quantity of liquor is necessary for his patient than the prescribed six ounces, he can issue a prescription for one dozen bottles of ale, beer or porter, containing not more than three half-pints each, or one quart of wine or distilled liquor, which can only be procured from one of the seven vendors in Ontario.

None of the foregoing liquor mentioned can be legally used for beverage purposes—all the provisoes mentioned for procuring liquor are absolutely for medical use only.

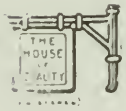
In the opinion of the Board, if the druggists, doctors and the hospitals of Ontario work together in unison and keep the continuous stock of liquor on hand which they are entitled to, it ought, under the present regulations as they now exist, to provide all the liquor that is required for strictly medical use during the present epidemic.

There have been so many statements in the various newspapers as to prices charged for liquor by the vendors which have been more or less incorrect, the Board of Provincial License Commissioners deem it desirable to inform the public officially what the correct price is for Canadian whiskey manufactured in Ontario and sold by the vendors under medical prescription for one quart.

The maximum prices that the vendors are permitted to charge are as follows:

Gooderham and Worts' "Ordinary," per reputed quart bottle	$1 10
Walker's "Imperial," per reputed quart bottle	1 25
Gooderham and Worts' "Special,"' per reputed qt. battle	1 35
Seagram's "83," per reputed quart bottle	1 35
Corby's "Best," per reputed quart bottle	1 35
Walker's "Club," per reputed quart bottle	1 50
Draught whiskey filled by vendor, per imperial qt. bottle.	1 75

The foregoing prices are at the vendor's place of business. When delivered elsewhere the cost of transportation must be added to these prices. The Board have no control over prices charged by druggists.



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Reviews

The War Story of the C.A.M.C., 1914-1915. By Colonel J. George Adami, M.D., F.R.S., C.A.M.C., A.D.M.S. in charge of Records, Office of Director-General, Medical Services, O.M.F.C. Volume I.—The First Contingent—(to the Autumn of 1915). Price, $1.50. Published for the Canadian War Records Office by The Musson Book Company, Ltd., Toronto.

No better choice could have been made for compiling the information in this book than Colonel Adami, the Professor of Pathology in McGill University, Montreal, and a noted and effective medical author. It is a history from the very beginning of the Canadian Army Medical Corps, and that history is linked up with the past from the time of the first French settlements on the banks of the St. Lawrence. It includes a brief sketch of the rise and development of the C.A.M.C., but deals principally with the work and activities of that branch of the Medical Services from Valcartier onward until the First Canadian Contingent was joined by the Second Division in September, 1915. All the way through the interest is sustained and to many people, more than the mere medical man, the book will be of absorbing interest. There are descriptions of work in hospitals and in the field, and as well of some of the famous battles in which Canadian troops took such a leading part. The introduction is written by Sir Robert Borden.

Clinical Microscopy and Chemistry. By F. A. McJunkin, M.D., Professor of Pathology in the Marquette University School of Medicine; formerly an Assistant in the Pathological Laboratory of the Boston City Hospital. Octavo volume of 470 pages, with 131 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, $3.50. Canadian agents, J. F. Hartz Co., Toronto.

Present-day students of medicine are better grounded in laboratory methods than a decade or two ago. This new book will be welcomed by them as one which combines the clinical application of chemical and biological methods. Indeed, practitioners who find time to do a little of their own work in these lines, will find this book a helpful and more than competent assistant and instructor.

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Publisher's Department

After the Long School Year, the tired school child, whether girl or boy, is extremely liable to become vitally depressed, worn out both physically and mentally, and more or less anemic. With the coming of warmer weather, this depreciated condition becomes accentuated and it is the part of wisdom to take steps to build up the tone of the organism, enrich the vital fluid by creating new red cells, and hemoglobin, and employ every available means adapted to reconstruct the cells and tissues and restore the depleted vitality. Pepto-Mangan (Gude) does yeoman's service in such condition, by furnishing an agreeable, absorbable, and assimilable organic combination of iron and manganese, the agents most needed for blood repair, and general reconstruction. It is pleasant to take, and does not irritate the digestive organs nor cause constipation.

Important Announcement by the Anglo-French Drug Co., Ltd.—Owing to the numerous complaints from medical men of the difficulty and delay in procuring their preparations, The Anglo-French Drug Co., Ltd., has now established a depot at Dandurand Bldg., Montreal.

Henceforth all requests by phone, letter or messenger will receive their immediate attention.

They especially draw attention to their preparations: Supsalvs (vide page XII.) in the treatment of syphilis. Supsalvs are stable suppositories containing "606." The rectal method of administration of "606" is recommended to medical men who do not wish to employ intravenous injections.

It yields excellent results, absolutely comparable with those obtained by the intravenous method, and is free from all risk.

Particulars, literature and price list will be supplied by the firm on request.

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Original Articles

GASTRO-ENTEROSTOMY—INDICATIONS, CONTRA-INDICATIONS, TECHNIQUE AND END RESULTS.*

By Dr. J. P. Kennedy,
Surgeon to the Wingham General Hospital.

Four years ago this Spring I read a paper on this subject before the Huron Medical Association in Wingham, but as there were only two members of the association present, excepting the local physicians, and as I have since operated upon a number of similar cases, I thought a paper on this subject, with a demonstration of the technique of the operation, and a report of my subsequent cases might prove of interest to the members of the association.

1. The first gastro-enterostomy was performed on the 27th of September, 1881, by Wolfler, then assistant to Billroth in Vienna. Wolfler had intended doing a resection for carcinoma of the pyloric portion of the stomach. This was found to be impossible, and as he was about to close the abdomen, his assistant, Nicoladoni, suggested that a new outlet from the stomach, to replace that which the disease had obstructed, might be made, by attaching the jejunum to the stomach. In commenting on this matter Moynihan remarks:—"There are few surgeons who can afford to neglect the whispered hint of a well-trained and familiar assistant."

Wolfler immediately acted upon the suggestion thus quietly made to him, and in this way introduced into surgery an operation, which has been the means of saving unnumbered lives, and of restoring to many thousands, that enjoyment of perfect health which would otherwise have been forever denied them.

2. We now recognize the fact that conditions requiring this procedure are presenting themselves constantly to all physicians in general practice. Many people go through a whole lifetime of

*Read before the Huron Medical Association at Goderich, May 1st, 1919.

suffering from so-called "Indigestion," who could be quickly, safely and absolutely cured by a timely gastro-enterostomy. A gastro-enterostomy for well defined indications is one of the safest, surest and most satisfactory operations in surgery to-day, and under the circumstances to be outlined offers practically the only solution of the condition.

Indications for Operation.

The indications for this operation may be briefly enumerated:—

1. Chronic gastric ulcer failing to respond to medical treatment.
2. Chronic duodenal ulcer.
3. Pyloric stenosis—either congenital or acquired.
4. Inflammatory tumors of the pylorus.
5. Carcinoma of the pylorus.
6. Perforation and hemorrhage.

In chronic gastric ulcer it is better, if possible, to excise the ulcer in addition to doing a gastro-enterostomy, the more so because of the great danger of carcinomatous degeneration upon the ulcer's base, a large percentage of cancers of the stomach having been preceded by ulcers. It has been found, however, that practically all gastric ulcers situated close to the pylorus and accompanied by obstruction are cured by a gastro-enterostomy.

Duodenal Ulcer.—The second and probably the most common indication for gastro-enterostomy, is now known to be much more common than was formerly supposed.

For many years these cases have been treated for indigestion, functional dyspepsia, hyperchlorhydria, dilatation of the stomach, nervous dyspepsia, etc. They have tried, as Mayo says, "Osteopathy, Christian science, walking barefoot through the grass, Lydia Pinkham's and Pierce's, as well as our own favorite prescriptions," and all these kinds of treatment achieved about the same results in the treatment of this condition.

The symptomatology of chronic duodenal ulcer has now become so clear-cut and definite that it is scarcely possible to mistake the diagnosis.

It is more common in men than women—Mayo finds 79% in males, against 21% in females, as reported at the International Surgical Association in New York, in April, 1914.

The patient usually dates his trouble back many years, when he began to suffer from a sense of weight, oppression or distention in the epigastrium after meals.

After a time this distress occurs from two to four to six hours after meals, and has become known as the "hunger pain," as it is

relieved by taking more food. Eructation of bitter fluid or of gas affords relief. Injestion of liquid food causes the distress to appear earlier after meals than the injestion of solids. Many patients will wake up in the night complaining of a "boring, gnawing, burning," pain. This pain, if relieved by a soda biscuit, a glass of milk, or some other form of nourishment, is very significant of duodenal ulcer. Vomiting is rare, until stenosis develops. These symptoms come on periodically, and in the intervals between the attacks, there may be complete relief. This is the time at which we are supposed to have cured the indigestion with medicine. The attacks are more frequent during the autumn and winter months. Upon a test-meal examination there is rarely any excess of acidity, and yet these cases are often diagnosed as acid dyspepsia. Moynihan goes as far as to say, "Recurrent hyperchlorhydria *is* duodenal ulcer." W. J. Mayo says that a patient who awakens in the night with the regurgitation of some burning fluid is certain to have duodenal ulcer.

Hematemesis, a common symptom of gastric ulcer, is very uncommon in duodenal ulcer, although occult blood is frequently found in the stools.

Pyloric stenosis may be either congenital or acquired. The symptoms of congenital hypertrophic stenosis is as follows:—A child, normal at birth, within a few days, as a rule, but sometimes not until the lapse of a few weeks, begins to vomit, in quantities which gradually increase. The act of vomiting is usually projectile. The child gradually loses flesh until wasted to an extreme degree, is always constipated, and a tumor can be felt at the pylorus. The etiology of this disease is obscure.

Acquired pyloric obstruction is most commonly due to contraction of an old chronic calloused duodenal ulcer. The finding of food remnants 8, 10 or 12 hours after meals in such cases indicates that pyloric stenosis has supervened.

Inflammatory tumors of the stomach or pylorus result from induration and thickening around an ulcer, and give rise to food stasis and symptoms of obstruction.

In one such case which I operated upon six years ago, the tumor extended from the pylorus along the lesser curvature of the stomach almost up to the oesophagus. Believing the tumor to be malignant and as the extent of the growth and the adhesions precluded a gastrectomy, I contented myself with an anterior gastro-enterostomy. Although the patient at the time of operation was reduced to a skeleton through lack of nutrition, in a short time he gained thirty-eight pounds in weight, was back on his

farm hard at work and feeling as robust and hearty as ever. At the time of operation death was staring him in the face, and without this life-saving operation his days were surely numbered. He was in my office the other day and said he would not know he had a stomach. He could eat anything.

In carcinoma of the pyloric end of the stomach, gastrectomy followed by gastro-enterostomy, is, of course, the operation of choice, provided the patient submits to operation before a gastrectomy becomes impossible. Unfortunately this is seldom the case. In these desperate cases, however, life may be prolonged for months by a successful gastro-enterostomy.

In cases of perforations and hemorrhage, an immediate gastro-enterostomy with closure of the perforation is indicated.

Contra Indications.

The operation is of no value in cases of atonic dilatation of the stomach; it gives no relief in those who suffer from a so-called "sensitive stomach," the nervous dyspeptic woman or the hypochrondriac; it does not lessen the discomforts due to prolapse of the stomach. It is of value in cases only of organic disease; the patient who suffers from "functional dyspepsia" is not a proper subject for surgical treatment.

End Results (Gastro-enterostomy).

I have performed the operation fourteen times. My patients all recovered from the operation. Ten are living, and all in perfect health. Three have died since operation from cancer of the stomach, which, of course, was present at the time of operation and too far advanced to permit a gastrectomy. The other died one and one-half years afterwards from some obscure trouble which her attending physician was unable to diagnose.

In my first case I made use of the Murphy button; the other thirteen cases have been suture operations, three anterior gastro-enterostomies and ten posterior no-loop operations, done according to the Mayo method.

In two cases the operation was performed for pre-pyloric ulcer. In one case for cancerous hour glass contraction. In two for cancer at the pyloric end of the stomach. In one case for a large inflammatory tumor, causing almost complete obstruction of the pylorus and extending from the pylorus along the lesser curvature almost to the cardiac end of the stomach. The remaining cases for duodenal ulcer and pyloric stenosis.

Summarized My Cases are as Follows:

Case I.—Miss A. R., age 24 years, operated on seven years ago last May, had been a chronic sufferer for years with classical symptoms of peptic ulcer with hemorrhage. Had twice been under treatment in St. Joseph Hospital, London, and once under medical treatment in the Wingham General Hospital for the condition. Each time there was, shortly afterwards, recurrence of the symptoms and she consented to operation. In this case, assisted by Dr. B. H. Hamilton, with the late Dr. J. E. Tamlyn as anesthetist, I performed an anterior gastro-enterostomy, using the Murphy button. Patient made an uninterrupted recovery. Button passed on 63rd day. Has enjoyed excellent health ever since, as far as stomach symptoms are concerned.

Case II.—T. W., aged 57 years, referred to me by Dr. Jamieson, of Whitechurch. Had suffered as long as he could remember, at intervals, with dyspepsia, as he called it. He was admitted to the Wingham General Hospital early in May, 1913. Upon taking his history, it was found that he gave a clear-cut and definite symptomology of duodenal ulcer of long standing, and upon examination of stomach contents, food stasis, evidently due to pyloric obstruction, was found. He had lost a good deal in weight the last six months.

On May 19th, assisted by Dr. Calder and Dr. Jamieson, anesthetist, Dr. Ferguson, of Teeswater, I opened the abdomen and found a most beautiful specimen of chronic endurated duodenal ulcer, with the usual contraction and pyloric stenosis. I performed a posterior no-loop gastro-enterostomy with suture, in the usual manner, infolding the ulcer by Lembert sutures. My patient made a complete and splendid recovery, gaining many pounds in flesh in a few months, and is at the present time the picture of health. Has never had a symptom of dyspepsia since, in fact he told me recently "wouldn't know he had a stomach."

Case III.—W. C., age 63 years, a prominent farmer and local politician, came under my observation about the middle of May, 1913. After the most searching and careful inquiries, I was unable to obtain any history of so-called indigestion until within recent months. In fact, he had never before consulted a physician excepting once, about a year before, when he had consulted Dr. Calder in regard to his eyes. For some months, however, he had had distress after eating, water-brash, heartburn, etc., and had recently been vomiting sour, foul-smelling food. The vomitus showed food stasis. During the next two or three weeks this vomit-

ing became worse. He was losing rapidly in weight, and by the first week in June he was vomiting practically all food, either liquid or solid.

On the 9th of June, at the Wingham General Hospital, assisted by Dr. Calder, Dr. Jackson, of Wroxeter, being the anesthetist, I opened the abdomen and found a large tumor involving the pylorus and extending along the lesser curvature of the stomach almost to the cardia. There was practically complete obstruction of the pylorus. As it was utterly impossible on account of adhesions to do, with safety, a posterior gastro-enterostomy, and fully believing the condition to be malignant, as only one case out of three hundred of this kind is not, I contented myself with doing an anterior gastro-enterostomy. This patient began to gain at once, was able to leave the hospital in twelve days, to work in the harvest field in July and August, gained thirty-eight pounds inside of two months, and, much to my surprise is to-day, after six years, in perfect health, so I have concluded that tumor must have been inflammatory.

This was undoubtedly a life-saving operation in this case, as the patient certainly could not have lived long without having the obstruction relieved. I may say that I saw shortly afterwards, in Ochsner's clinic, Chicago, a case almost identical with this one, where Dr. Percy, Ochsner's assistant, adopted the same treatment for a similar condition.

Case IV.—Mrs. M., age 58 years, referred to me by Dr. Stewart, of Belgrave, in June, 1913, had for many years the usual symptoms of duodenal ulcer already described. On June 27th, at the Wingham General Hospital, assisted by Drs. Calder and Stewart, Dr. Jackson, of Wroxeter, being the anesthetist, I opened the abdomen and performed a posterior no-loop gastro-enterostomy. She recovered from the operation and had no further stomach symptoms, but died one and one-half years afterwards from some obscure condition, not diagnosed.

Case V.— Mr W. B., age 53 years, had to my personal knowledge, symptoms of so-called indigestion for over twenty years. Many years ago he was under my care for this trouble. At that time I knew little, if anything, of duodenal ulcer. I don't remember whether I had ever heard of it. At any rate, the clear-cut, definite symptomatology it has to-day, was not generally recognized. I treated him to all my favorite prescriptions. One thing I remember, I assured him would surely cure him, was Taka-diastase, and to be sure I would have enough to do the job I ordered an extra half-gallon from Parke, Davis and Co. Finally he got tired

of my remedies and began floating about. He went to Toronto and tried their remedies there. He went to Guelph and for a time thought he had struck the golden remedy there. (This was during one of the periods of quiescence of symptoms so characteristic of this disease.) He went to Battle Creek, and the Lord only knows where else he did not go. Six or seven years ago he consulted Dr. Calder. She diagnosed his case and referred him to me. We both went over his case very carefully and urged upon him repeatedly the advisability of submitting to surgical interference and the bright prospects of a rapid and certain recovery. He had been fooled so often, however, that he had grown very sceptical, and our best efforts to persuade him to submit to surgical treatment proved futile. In December, 1913, suddenly during the night he was seized with a very severe gastric hemorrhage, in fact he almost bled to death. As soon as he recovered from this he was willing to submit to operation.

On December 29th, 1913, at the Wingham General Hospital, assisted by Dr. Calder, Dr. Ferguson, of Teeswater, anesthetist, I found a prepyloric ulcer at the lesser curvature of the stomach. I performed a posterior no-loop gastro-enterostomy and the patient made a rapid and perfect recovery. He is in splendid health to-day and entirely free from stomach symptoms, can eat anything and digest it. What a pity this man had to suffer for over twenty years from a condition that could have been cured in half an hour by surgical intervention, and all the time there was the additional risk of cancer developing on the ulcer base.

Case VI.—Was one of the most interesting, scientifically, in my series. Mrs. A., age 38, a widow, had complained of stomach trouble for seventeen years. From her history I was satisfied that she had had gastric ulcer, but was unable to diagnose her case until making an exploratory incision.

On December 7, 1914, at the Wingham General Hospital, assisted by Dr. Calder, I made the usual incision, and discovered a very marked condition of hour-glass stomach. The contraction causing the condition had been caused by chronic gastric ulcer, probably a so-called saddle ulcer, in which, as proven by a subsequent pathological examination, cancer had developed. I did an anterior gastro-enterostomy, attaching the jejunum to the most dependent part of the proximal pouch. She recovered from the operation, but died a few weeks later from the pre-existing cancerous condition. Fortunately, I was able to secure a post-mortem, and found that the proximal pouch had increased in size very much, while the distal pouch had atrophied. A pathological ex-

amination of specimen showed cancer. Here was a case in which cancer had begun upon an ulcer base, and which if it had been operated upon in the pre-cancerous stage would have been cured.

Case VII.—P. M., of North Dakota, age 61, consulted me April 23rd, 1915. Said he had enjoyed excellent health until last December. Had never had any illness of any kind until that time. He then began to have eruction of gas, "sour stomach," as he described it, and generally some distress over the epigastric region after meals. Along in February he began vomiting, occasionally. This vomiting occurred sometimes once, sometimes twice a week, never coffee ground, no history of blood in stools. Had lost thirty pounds in weight since December, had lost all appetite, felt weak. Upon this date he entered the Wingham General Hospital.

The Ewald test breakfast showed

Total Acidity 70.
Absence of HCl.
Presence of Lactic Acid.

A meal of raisins and rice showed food remnants and motility of the stomach seriously interfered with, in fact raisins appeared when the stomach was washed out four days after they had been ingested.

On April 29th, at the Wingham General Hospital, assisted by Dr. Calder, Dr. B. J. Ferguson, anesthetist, I opened the abdomen and found an advanced carcinomatous condition of the pylorus, causing almost complete obstruction, and performed an anterior gastro-enterostomy. Although the ultimate outlook in this case was hopeless, the operation gave this patient great relief. He lived for some months afterwards in comparative comfort.

Case VIII.—Miss E. M., a delicate frail girl, 28 years of age, was referred to me for operation by my assistant, Dr. Calder, in July, 1915. In addition to other troubles, she had suffered, she told me, from childhood with symptoms of indigestion, which were significant of duodenal ulcer. In the Wingham General Hospital on the 25th of July, assisted by Dr. Calder, Dr. McLeod, of Wroxeter, being the anesthetist, I opened the abdomen and found a well defined duodenal ulcer without obstruction, and, as advised by Moynihan, I made an artificial obstruction and did a posterior no-loop gastro-enterostomy. She made an excellent recovery from the operation and since that time, although delicate in other ways, has had no trouble with her stomach, in fact on several occasions she has thanked me with tears in her eyes for the relief the operation gave her.

Case IX.—Mr. A. D., age 52 years, had been under my care off and on for eight or ten years, with symptoms of duodenal ulcer. I had repeatedly urged him to see the necessity of submitting to operative procedure, but to no avail. During the spring and summer of 1916 he began to develop symptoms of pyloric stenosis and food stasis. In August this became so acute that he decided to submit to operation. He entered the hospital, and on the 29th of August, assisted by Dr. Calder, Dr. Ferguson, of Teeswater, being the anesthetist, I performed a posterior no-loop gastro-enterostomy. He made a very rapid recovery and has been in most excellent health in every way ever since.

Case X.—Mr. J. R. M., aged 54 years, was one of the first patients turned over to me by my predecessor, Dr. Meldrum, when I bought out his practice in Wingham, twenty-five years ago. At that time Dr. Meldrum was giving him a mixture of bismuth, mucilage of acacia, with small doses of morphine to cure his indigestion. This I continued to give him until the period of remission set in. Of course, he thought the medicine had cured him. He would have got better just the same without any medicine. For the last twenty-five years every year, sometimes more than once a year, he has had recurrences of his indigestion. For a long time he continued to come to me for relief, but finally drifted away and tried other doctors, had the chiropractor scratch his back and the osteopath pull his leg. Two or three years ago he floated back to me again, and I then told him what was wrong and what would cure him, but of course couldn't convince him. However, about a year ago he began to have symptoms of pyloric obstruction, vomiting and so forth. He then consulted me again, and I urged upon him strongly the advisability of submitting to operation. Before doing so, however, he went down to London and consulted Dr. John Wishart. Dr. Wishart advised him that operation was the only cure for him. He then returned home and finally consented to operation. On July 29th, 1918, in the hospital here, Dr. W. J. Smith, of Ripley, assisting, and Dr. Ferguson, of Teeswater, giving the anesthetic, I performed a posterior no-loop gastro-enterostomy. His recovery was uneventful. He left the hospital in twelve days, and has had no stomach trouble since.

Case XI.—J. B., age 42 years, was referred to me by Dr. Smith, of Ripley, in fact Dr. Smith brought him to my office in his own car for consultation. He had no intention of remaining that day for an operation, but his symptoms were of such a character that I was impressed with the importance of his submitting at once to operation, and after great difficulty persuaded him to enter the

hospital the same day, which was on a Saturday, and be prepared for operation the following Monday.

On August 12th, 1918, assisted by Dr. Smith, of Ripley, Dr. Ferguson, of Teeswater, being the anesthetist, I opened the abdomen, and, upon drawing up the stomach to examine it, the ulcer perforated before I had touched it. I immediately mopped up the stomach contents, surrounded the parts with gauze pads and stitched up the perforation, and then performed the usual posterior no-loop gastro-enterostomy. In this case, on account of perforation, I, of course, used drainage, which delayed somewhat the healing of the wound. However, in three weeks' time he was able to leave the hospital and is now in excellent health.

Case XII.—Mrs. E. A., age 40 years, consulted me along about the beginning of last November. She reported to me having had periodical attacks of indigestion off and on for years. Three years ago she had had a rather severe attack when living in Owen Sound, but said she recovered from it, and was fairly well for a year after it. The present attack dates back for more than a year, and upon examination, as the abdominal walls were very thin, I could feel an enlargement about the pyloric end of the stomach.

On November 19th last I opened the abdomen, found an extensive cancerous condition about the pyloric end of the stomach. The surrounding glands were affected so badly that a gastrectomy was useless, so I contented myself with doing a gastro-enterostomy. She lived only a week or ten days after the operation, and I believe now that it might have been better to simply have closed the exploratory opening and done nothing more. It would likely have given her a little longer lease of life.

Case XIII.—J. C., 62 years of age, had suffered periodically with his stomach for the last twenty-five years. On February last I was called to see him and found that he then had marked symptoms of pyloric stenosis. He would eat ravenishly for two or three days, and then perhaps vomit up a half a pail full. He had lost flesh and was rapidly losing ground.

On February 12th last, assisted by Dr. Calder, Dr. W. J. Smith, of Ripley, anesthetist, I opened the abdomen and found a callous ulcer with a constricted pyloric orifice. I did a posterior gastro-enterostomy, and he made an excellent recovery, and is in good health as far as his stomach is concerned. He has since gone to the poorhouse, but I don't want you to think that it is because of the fee I charged him for the operation, but I may explain right here that his mental condition was rather deficient. I might add that the morning of the operation he developed a strangulated

femoral hernia, which I attended to at the same time. The sac contained omentum only and was very dark, so I cut it off.

Case XIV.—A little over two weeks ago my assistant, Dr. Calder, referred to me a Mrs. T. W., of Ripley, who had symptoms significant of duodenal ulcer, lasting for over twenty-five years. Recently, however, symptoms of pyloric obstruction, vomiting, food stasis and so forth had occurred, and I advised her to submit to operation at once.

On the 16th of April, two weeks ago yesterday, assisted by Dr. Calder, Dr. W. J. Smith, of Ripley, being the anesthetist, I opened the abdomen, and found very marked pyloric stenosis due to chronic duodenal ulcer. I performed a posterior no-loop operation.

The patient never had a bad symptom following the operation. Has never vomited since. I took the stitches out on the 10th day and had primary union. She is now on full diet and can eat anything. She goes home to-morrow one of the most pleased and satisfied patients I have had.

There are scores of these cases through the country, who persist in going on with medical treatment, or consulting osteopaths and chiropractors, who could be readily and completely cured in a very short time by consulting a surgeon.

Dr. Kennedy then demonstrated the technique of the operation.

The American Medical Association meets in Atlantic City, June 9th to 13th.

Colonel Harold C. Parsons has returned to Toronto from Vancouver and Victoria, B.C.

Dr. Gideon Silverthorn, Toronto, is reported to be rapidly recovering from an attack of pneumonia.

Dr. Walter McKeown was lately reported ill in England with pneumonia, but latest advices announce his recovery.

The Ontario Board of Health is renewing application to the Federal authorities for a license to manufacture salvarsan.

Academy of Medicine, Toronto—President, Dr. Edmund E. King; Vice-President, Dr. Jabez H. Elliott; Treasurer, Dr. J. Herbert McConnell; Secretary, Dr. F. C. Harrison.

Oxford Medical Association—The following officers have recently been elected: President, Dr. Coulter, Ingersoll; Vice-President, Dr. W. Krupp, Woodstock; Secretary-Treasurer, Dr. Brodie, Woodstock.

TO THE CANADIAN MEDICAL ASSOCIATION, BY THE CANADA STEAMSHIP LINES

It is many years since the Canadian Medical Association met in the city of Quebec, in fact many men now prominent in the work of the Association have never had an opportunity of fraternising with our Quebec confreres in the ancient city. The dates set for the meeting are June 25th, 26th, 27th; and it is time intending delegates were getting into touch with the Canadian Steamship Lines, as many are contemplating going by water, and with the General Secretary of the Association to book accommodation at the meeting.

From Niagara-to-the-Sea is a delightful inland water trip. Taking boat about three o'clock any afternoon in Toronto, the lake is crossed in an afternoon sail. By breakfast time the following morning passengers are already in the Thousand Islands, where there are many pretty sights to attract attention. The steamers on this route are particularly well appointed and the menu is of the very best. Change is made at Prescott for a smaller boat, and there is an all-day's sail to Montreal down the noble St. Lawrence. It is in this part of the journey that the rapids are encountered: Coteau, Cedar, Split Rock, Cascade, Lachine at the last just before arriving in Montreal, as if to crown this beautiful and enjoyable outing.

Indeed, to one who has been fortunate to return via the canals on the St. Lawrence, if time be not a consideration, an even enhanced delight and enjoyment is added; the magnificent views of the mighty river; the wonderful construction of locks and canals.

June is one of the most delightful months of the year for this trip.

International Clinics. Volume I. Twenty-ninth series, 1919. Philadelphia and London: J. B. Lippincott Co. Montreal: 201 Unity Building.

In this present volume there are eight reports of various Clinics dealing with different subjects: Three papers on Medicine, one on Public Health, five on Surgery.

Dominion Medical Monthly

And Ontario Medical Journal

EDITED BY

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Surgery: Walter McKeown, Herbert A. Bruce, Wallace A. Scott, George Ewart Wilson.

Obstetrics: Arthur C. Hendrick.

Pathology and Public Health. John A. Amyot, Chas. J. C. O. Hastings, O. R. Mabee, Geo. Nasmyth.

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Vol. LII. TORONTO, JUNE, 1919 No. 6

COMMENT FROM MONTH TO MONTH

Canadian Universities, in their medical departments, which are of most interest to the medical profession, in these days of reconstruction, are not lagging behind in the matter of betterment and expansion. Whether all their movements will prove effective in the right direction, time alone will tell. Certainly, Canadian medicine will be glad to see these educational institutions place medical education on a high, scientific plane. There should be a care that the really practical education will not give place to too much science.

In the Maritime province, expansion is in the air with regard to Dalhousie. A maternity hospital is to be established in Halifax, where the medical students of Dalhousie, which has the only medical school east of Quebec, will have ample opportunity to pursue the essential study of obstetrics in a practical way. Other developments are to follow.

Laval University, Montreal, will hereafter be known as the University of Montreal, as after persistent effort separation of Laval from Laval University in Quebec City has at last been effected. Although Laval in Montreal was practically separated from the parent institution in Quebec, the degrees were still granted from Quebec.

Queen's University, Kingston, has been particularly fortunate under the principalship of Rev. Bruce Taylor thus far. By the will of the late chancellor, Dr. Douglas, of New York City, $500,000 was bestowed on condition that an additional $500,000 were raised by private subscription. Some months ago the Carnegie Foundation promised a quarter of a million if the other three-quarters could be raised from other sources by the fifteenth of May. As the Endowment Fund only lacked $12,000, the time has been extended to May 31st, 1919.

Wonderful things are happening in Toronto University. Professor McPhedran, long considered to be a foremost clinician in America, a short time ago, resigned the professorship of medicine: and Dr. Duncan Graham, a very young man, but already a recognized scientist, has accepted the appointment of whole-time professor of medicine. This has been made possible by the laudable generosity of Sir John Eaton. Professor Graham is given a free hand, and his choice of associates will be watched, perhaps, by many with beating hearts and enhanced blood pressure, as it is understood that all the staff of that department have been requested to file their resignations. This seems to be the day of the young man, and he may yet be invited to make a speech or move a vote of thanks on the proper occasion. As Professor Irving H. Cameron, for many years the active and accomplished head of the surgical department, is also passing from academic life, surgery, too, is awaiting its turn.

But the Western University at London is not letting the grass grow under its feet. The Ontario Government must help all these institutions in the province. How, is for them to say.

It may be that all is well with medicine and better than it ever was before. Whispers are heard now and again that the profession is becoming too commercialized, whatever that may mean. The exchange of a few words, in chance meetings, on the street, or elsewhere, reveals suspicions that medical ethics are not what they used to be; and that Canadian medicine is not breeding the race of men that it formerly bred, and that the profession as a whole is not standing before the eyes of the people as a noble and disinterested profession.

Perhaps we are becoming too scienced, disdainful of years of knowledge-getting, experience, practice. Perhaps the span of years between the teacher and the taught has lessened so visibly that there is not that respect, amounting sometimes almost to love and veneration, once in vogue between professor and student. Outstanding figures are passing off the stage. Are they being re-

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placed? Where is there amongst the young men a Reeve, a Sir William Hingston, a John L. Davison, a James Bell, an O. M. Jones? Time may develop many—let us hope so.

Like in common school education, is enough character being formed? We have all our professional lives to acquire knowledge. Young men and young women are entering upon the study of medicine with their characters already formed. But are they being molded to fit in with the requirements of the profession of medicine? Should there not be more time devoted to the teaching of character as applied to medicine, through training in medical ethics? Instead, medical ethics is a haphazard study.

The medical students need training to form character by the inculcation of ideals—the ideals of medicine—to fit them for practice in a profession which has heretofore been called noble.

The teaching of medical ethics in our medical schools should be advanced to the status of a first-class subject.

HOW TO HANDLE THE MORE COMMON SKIN DISEASES

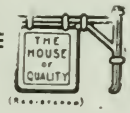
(Continued from last month)

By A. Ravogli, M.D., Cincinnati, Ohio.

Prurigo.

Prurigo mitis in some cases may be cured, but prurigo agria is nearly incurable. The disease begins in the first year of infancy as urticaria, and in the second or third year begins to show the small hard papules in the extension surface of the extremities, with itching sensation sufficient to prevent the sleep of the little patient. The elementary lesion of the disease consists in a small dry papule slightly elevated above the level of the skin. The papule is hard and dry, produces unbearable itching sensation, compelling the patient to scratch. The tip of the papule is scratched off by the finger nails, leaving an excoriation: the little blood clot dries up and forms a black crust. In passing the hand flat on the limbs of these patients one gets the sensation of sand paper.

It seems that this eruption is connected with a leuchemic condition, shown by some enlargement of the lymph glands. In severe cases this disease continues for the whole life long, with some improvement and then relapse.



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The patients, if they can control themselves from scratching during the day, tear the skin during the night. Often from the excoriation staphylococcic infection takes place, which causes eczema. Eczema complicating prurigo is very stubborn, and increases the suffering of the patient. We treated some years ago a boy for prurigo; he obtained some improvement, and then we lost sight of him. As a draftee he called at our office for a certificate to recommend him for exemption. He had yet some slight eruption, and we did not hesitate to recommend him to be excused from military service on account of the skin condition, which can hardly be cured.

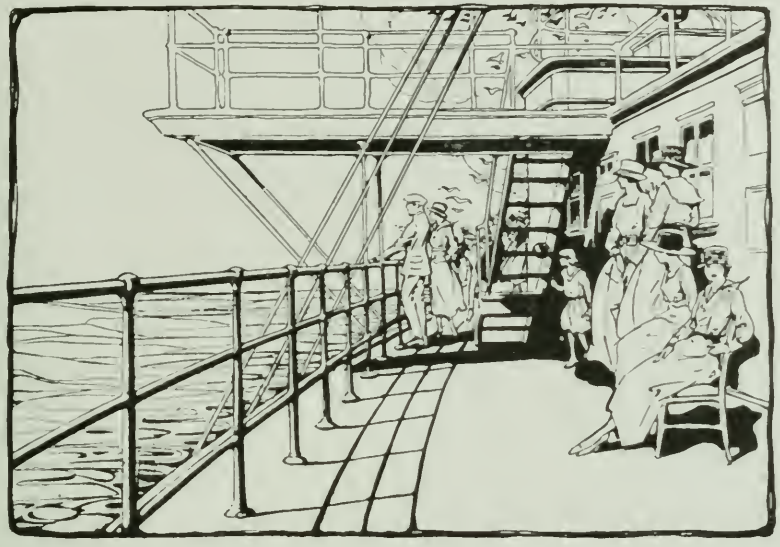
Lichen.

Near to prurigo we have to consider lichen. Although there are many varieties of lichen, we can yet maintain the principal distinction in lichen planus (Wilson), and in lichen ruber (Hebra), which we consider not different from pityriasis rubra pilaris (De Vergie). Anyone affected with the second variety is not fit to serve in the army. The disease can be improved, may give truce for some time, but will surely recur. The hard keratosic condition of the palms and soles prevents the patient from manual work. Itching is not so intense, like in prurigo, yet the hard little papules, the scaliness and the roughness of the skin make him an unfit person to serve in the army.

It is not so with the first variety of lichen planus, which especially in a young person can be cured in from four to six weeks. Lichen planus consists in small polygonal papules, rose red or brown red in color, brilliant, shiny, depressed in the centre, with a tendency to group together in clusters. The papules are found on the flexion surface of the limbs, on the wrists, on the scrotum, penis, neck, and can spread all over the body. When the papules begin to undergo involution the epidermis is detached in the form of small adherent scales. The affection is accompanied with an unbearable itching sensation, enough in some cases to prevent sleep.

We do not want to enter into the discussion of its possible cause; we accept the views of the French school, viz., a neuritic condition of the skin induced by autotoxic elements.

Arsenic is the specific remedy for lichen, in the form of Fowler's solution or in pills of arsenious acid. In our experience, cacodylic acid, 10 per cent. solution in hypodermic injections, has a splendid effect. We give from 2 cc. to 4 or 5 cc. of the solution once a week, and then every two or three weeks.



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In cases more stubborn we find beneficial an ointment containing white precipitate of mercury, as follows:

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Acid. carbol., gtt. x.
Bismuth. subcarb.,
Zinc. oxyd., aa ℥½.
Petrolatum, ℥i.
M. et ft. unguent. et sig.—Apply at bedtime.

What we say for lichen planus, we cannot maintain for lichen ruber acuminatus, or for pityriasis rubra pilaris, which in most of the cases is very stubborn.

(*Continued next month*)

Dr. A. P. Knight, for twenty-seven years professor of physiology in Queen's University, will shortly tender his resignation.

Major J. G. Fitzgerald, after returning from overseas, went to North Carolina for a holiday, but has again returned to Toronto.

Department of Militia and Defence.—The Director-General of Medical Services, Major-General John T. Fotheringham, C.M.G., requests that all medical officers who have been demobilized should, as an act of courtesy and for the purpose of completing records, submit to him such papers or articles concerning conditions arising from the war as they may purpose publishing.

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An Advance in the Treatment of Carbuncles, Boils, Anthrax, Acne, Styes and Diseases Arising from Staphylococcus.—*The Practitioner*, August, 1917.—"In May at the Academie des Science, Gregoire and Froin drew attention to the fact that tinworkers never suffer from boils, and that powdered tin is a popular remedy for this complaint. They tried the effect on 50 cases of furunculosis, giving powdered tin or the oxide of tin in doses of from 50 cg. to 1 cg. In every case a cure was obtained in from 5 to 14 days. These who were treated over six months ago have not had any relapse. Hudelo reported the effects of the same powder in a further series of cases, in each of which a successful result was obtained. He gives a mixture of powdered pure tin and oxide of tin, 25 cg. of each, in a cachet."—*Journal des Practiciens*, 2 June, 1917.

Stannoxyl is perfectly harmless, and in the opinion of authorities most competent to judge is extraordinarily efficacious, relapses are unknown, indeed, it is a specific for diseases arising from staphylococcus.—Vide Page XII.

Stannoxyl is a truly scientific production, the value of which has been studied very closely at the Academy of Medicine, the Medical Society, and at the hospitals, etc. The results have been explained at some length in the communications of the Academy of Science, 15th May, 1917. The effect is wonderful: from the second day of treatment the pain is relieved, the carbuncles begin to dry up, those which are just opening are stopped in their course, the core is not expelled but reabsorbed. It is advisable to put a dry protective covering on the remaining carbuncles.

The Surgical Clinics of Chicago, February, 1919, with seventy-five illustrations, is a splendid volume, and should be in the hands of all surgeons. W. B. Saunders Company, Philadelphia, are the publishers, and the Canadian agents, the J. F. Hartz Co., Toronto.

Quarterly Medical Clinics. By Frank Smithies, M.D., St. Augustine Hospital, Chicago. St. Louis: Medicine and Surgery Publishing Company, Inc.

Volume I., Number 1, is before us, and it is found to be a series of consecutive clinical demonstrations and lectures of a very interesting character.

per Annum

Dominion Medical Monthly

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Volume 53 TORONTO, JULY, 1919 Number

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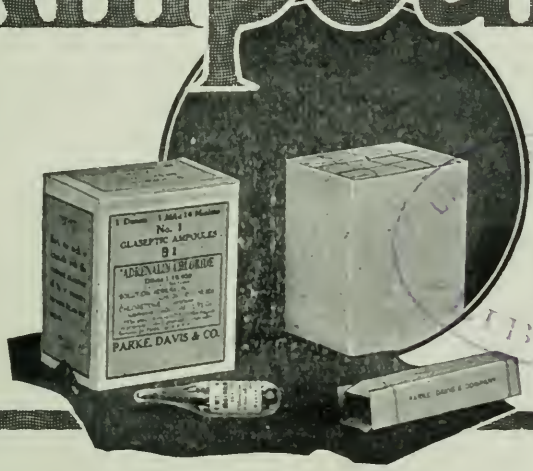

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Dominion Medical Monthly

And Ontario Medical Journal

Vol. LIII. TORONTO, JULY, 1919 No. 1

Original Articles

IF DOUGLAS BLACK WERE ONLY HERE

By A. C. E.

By nine o'clock, daylight time, night, silent, lonely, inscrutable, embraced the village of Carluke. Thrift and early rising had driven all the villagers to bed. One, or rather two, large windows only emitted any light. Both belonged to the office of Dr. Douglas Black. They were placed on either side of a double door, one half of which was always bolted. A broad verandah extended across the entire width of the two-story building. The door led into the waiting-room. The furniture was meagre but the man was ample. He was pacing rapidly back and forth, now into the drug-room on the south, now fumbling with papers, books, and journals on a large table backed into the corner by the window.

Dr. Douglas Black had practised in Carluke two years, but had not shaken off the nickname the villagers had early given him. He had the habit of not telling patients, or their friends, the nature of their ailments, or what they might expect. If they were to get well, they simply got better. If they were to die, they passed away when their time came. Apparently he had taken the Hippocratic oath thinking of the Sphinx.

Suddenly seizing a big Cimmerian fedora lying on the jumble of books and journals on the office table, Silent Black clapped it down on his tight dark curls and sidled out onto the wide verandah as a burly person must, if he wishes to progress through a narrow entrance. The usually silent man was plainly agitated. He knew it, but he couldn't understand why.

Taking a big cigar from a vest pocket, he lighted it, and began to puff whiffs of smoke into the mild Mayday atmosphere. Naturally his eyes rested for a moment on the tin-shop directly across the village street, with its double door and large windows on either side and the verandah stretching the entire front—just like his own office building, though not quite so large. Not a light was

to be seen in the little weather-beaten house alongside of it, for the tinsmith was an early-to-bed, early-to-rise man. As he swung about to resume his pacing to and fro, striding toward the north end of the verandah, he glimpsed the carpenter's domicile, whose gloom was intensified by the three hand-some maple trees in front of it. A short distance farther down the street the village smithy was outlined, faintly discernible against the starry sky; then a long row of twenty-year-old maples, fronting the blacksmith's no inconsiderable garden plot. All down the doctor's side the street was deeply shaded with similar trees, leaving but a narrow stretch of dusty turnpike, a hard, gravelly roadbed. He wheeled about and strode toward the southern extremity. Similar trees pointed his vision on the centre of the roadway. No one was in sight. So far as he could divine, his professional duties were over for that day. No need of a curfew, even at nine o'clock, in that western Ontario hamlet.

The open air and the solace of the cigar had not solved the reason of his agitation for him, so he edged back through the open half, closed the door behind him, and strode into the drug-room on the left, where a hanging lamp disclosed to view many varieties of bottles, some filled, some half-filled, some empty—liquids, pills, powders, tablets.

He tilted the big fedora backward over his close dark curls, and turned a full, smooth-shaven face toward the array of bottles. Throwing his black Prince Albert open, he thrust his hands deeply into the pantaloon pockets, and surveyed the medicinal assets of the office armamentarium.

His rapid travelling eye swept the shelves like a searchlight. In physique he was more like Mars than Aesculapius. Up they went, down, right, left, satisfying himself the stock was getting low and needed replenishing. He knew he also wanted some instruments; and as he believed in pressing the button when the juice is on, he wheeled about, and stepped quickly out to the writing-table, a big affair, which filled the corner of the room between the many-paned, frosted window and the Klondike heater, now in service as a mammoth ash-tray.

From the clutter of books, journals—some still unopened—magazines, newspapers, he searched out a writing-pad simply headed in Old English capitals—Dr. Douglas Black. He would write the physicians' and surgeons' supply house in Toronto to forward by return express the articles he required.

With one foot he pulled up a low-backed, round-armed chair and sat down, pushed some papers aside and seized a lead pencil.

Often and often as he had sat at that table, nights, making entries in call-book and ledger, he would be interrupted by a precipitous summons which made him jump and hurry. To-night, however, he sat in all the solemnity of village quietude, as though the inhabitants were awaiting the last trumpet-call. Swiftly, all unknown to him, a messenger was speeding Blackwards, which was to be the most remarkable and thrilling call of his strenuous young career.

His right forearm, muscular and hard as wire nails, rested on the table. The side of the little finger just touched the pad, and the pencil was about to trace the address and date when, like a wireless flash, the pencil dropped from the trembling hand.

"What's this?" he soliloquised, as he stared at the pencil lying on the pad. The hand ceased trembling as instantaneously as it had started.

"Fiddlesticks!" he ejaculated under his breath. "I was holding it too lightly; but—but—why the trembling?"

He took the cigar out of his mouth with the right hand, threw back his big head, and propelled a cloud of smoke ceilingwards; then returned it. The hand seemed alright. He took up the pencil again and held it poised just above the paper for an instant, when he was seized of a distinct sensation as though another hand grasped his from above. It seemed to press his hand firmly down to the paper, prepared to guide it very much as a father, or a teacher, might guide the hand of a child in tra-ing its first lesson in chirography.

He flung down the pencil, pushed back the chair, and sprang to his feet. Back went the coat; into the pockets dived both hands; all the time puffing violently, emitting voluminous clouds of smoke.

Douglas Black turned to the drug-room as though bent on taking a nervine draught, but he stopped short at the door, and stealthily stole a look at the pencil and pad. They had not been whisked away. Then he faced them like a physician faces an alarming hemorrhage.

He drew forth the right hand, stretched it out, extended the fingers, separately: not even a suspicion of the finest tremor.

"Steady as a rock!" he spoke aloud.

He drew forth the other; put both side by side. To the naked eye there was no apparent difference—a good, healthy, flesh-color.

He raised both hands above his head, waited a few seconds, then brought them down toward the lamp on the table, and watched

the evanescent pallor, which was similar in both, deepen to the natural hue when in the dependent position. The capillary circulation under the nails responded rapidly.

Perhaps he was smoking too much. Out came his watch. The index finger sought the pulse at the left wrist. He began counting; in a minute—"seventy-five," he announced to himself. He passed the watch to the palm of the right hand and counted the pulse of that side—"seventy-five." He ran the index finger along the vessel—no thickening, or beads—the artery beat regularly—and there was no intermittency—not too full—not likely any increased blood pressure. It could not be smoking—not anything like apoplexy—far too young—only twenty-five years.

"What can it be?" speaking out loud again, forgetting he was alone. "By Galen! I'm going to see this through—come a messenger from Gehenna!"

Again he sat down. Again he took up the pencil. Again he made to write the address and date. Again his hand was clasped—fingers over fingers—thumb over thumb—hand over hand.

"Ah!" he breathed. He had made a new discovery. In the unseen thing he sensed a woman's hand.

"Go on!" he almost shouted.

This is what he wrote, guided by the automatism:

"Very near friends of mine are in dire want and in great trouble at—"

Silent Black pressed the pencil down firmly on the pad, almost piercing the sheet. He felt like yelling mightily to proceed, but mastered himself, and concentrated his powerful mental faculties on the point of the pencil.

"At—at—at—one———eight—" He felt the mysterious power waning—"Toynbee—"

A pause: the pressure on the hand was but that of a light glove. The medium again pressed determinedly down—"Toronto,"—came rather quickly. Then another pause during which Silent Black poured his whole soul *in to* the act—"J.Br—" he wrote; and try to concentrate as he would, the invisible dictator had fled.

For the next half-hour Douglas Black acted up to his sobriquet. He flung the remnant of the cigar into the heater on the left, drew forth a fresh one, and silently puffed away, all the time contemplating the uncanny inscription before him. Then he folded the paper, put it in the inner pocket of his frock-coat, arose, locked the door, and blew out the lamps. He groped his way through the room in the rear and out of a back door which he also

locked. Crossing the lawn he entered by the front door directly into the living-room of his boarding-house, where he found Mrs. Brown, the widow of his aged predecessor, awaiting his appearance. He must talk it over with her, but scarcely knew how to begin. Dr. Black observed that Mrs. Brown was sitting by the side of a fairly large centre-table, almost in the middle of the room, and upon which was a green-shaded lamp. She was reading the daily newspaper from Toronto.

He threw his hat on the window-seat, and went and sat down in the large arm-chair on the opposite side of the table from Mrs. Brown, who tapped a small hand-bell at her side. A maid appeared and received an order for tea and biscuits. Dr. Black always had a cup of tea with Mrs. Brown when he came in from the office, evenings.

It was no unusual custom for Silent Black to sit quietly in that easy arm-chair and await the tea; and Mrs. Brown generally awaited on his taciturnity to break. Dr. Black was changed, however, this night; and it was not long before he was as busy talking as a pacifist.

"I've had the strangest call to-night, Mrs. Brown," he began in a deeply perplexed tone.

Mrs. Brown placed the newspaper on the table, moved aside the lamp which stood between them, and shifted her chair, so that she could the better look at the massive profile of her late husband's successor. Then she awaited enlightenment.

"I've had a message from the beyond," solemnly uttered, still with downcast gaze.

"I don't know what to make of it, or what to call it," slowly and deliberately spoken, completely unmindful of his companion's start and ejaculation:

"Gracious!"

"And the worst of it is, it calls me nearly one hundred miles away, to chase, perhaps, a will-o'-the-wisp;" and he raised himself bolt upright in the chair by placing his powerful hands on each arm, turned about, and fixed his dark eyes on the little motherless, though motherly, woman, demanding hastily:

"Do you see anything the matter with me, Mrs. Brown?"

Mrs. Brown knew there was an eccentric, and perhaps a neurotic, strain in this virile young man's make-up. Obviously this night he was deeply moved, inquiringly so, especially about himself; yet his eye was steady, neither too bright nor wild. The fact that the message was from the "beyond" had precipitously awakened a sympathetic, psychological response within her own self.

Mrs. Brown frequently contrasted Silent Black, as a doctor, with her departed husband. Brown had been all joviality and courtesy. Black seemed to be always repressing enormous energy. Her husband would often complain of the long drives, the arduous duties of professional life, irregular meals, loss of sleep. Dr. Black thrived on strenuous work. Night after night, in the busy seasons and all day long, he would drive, drive, drive; never a thought of sparing himself. Never a heed of meals nor sleep.

Silent Black did not tarry long upon her reply. His action was that of a man who believed he had full possession of all his faculties, and that the question scarcely needed a reply. So, as Mrs. Brown was looking him steadily in the eye, he reached into the inside pocket of his coat and drew out the paper. Unfolding it, he laid it before her, and then rapidly related the story of the office visitation to the end.

Mrs. Brown began reading the message as the maid brought in the tea. Calmly she read it through, laid it down, and as calmly began pouring the tea, Silent Black watching her movements patiently without any, even a flippant, comment.

"Thank you," bowed Mrs. Brown, and the maid withdrew.

"That's not your hand-writing," she ventured.

"It's mine—and—and it isn't mine," he vouchsafed.

"It's signed 'J.Br—' and my husband's name was Joshua; it's something like his writing, but a little uneven in places," again scrutinizing the message.

"Well, suppose we agree it is his; it is not my regular hand at all events," expecting advice as to the purport of the message.

Mrs. Brown knew when Dr. Black and she had settled that point there was still the bare message left. She therefore parried the evident suggestion in his last remark.

"Do you believe in the psychical?" she asked.

"You must first tell me of yourself," he countered.

"Frankly, there's no use fencing; I do—a little."

Dr. Black, too, was prejudiced tentatively in its favor.

"Then you would have me go on this wild-goose chase?" he queried, a twinkle in his eye.

"Not so fast, Dr. Black," Mrs. Brown returned; "you have not answered my question as to whether you believe in the psychical. Have you ever given any attention to it, or studied it?"

Without answering, he took up the cup of tea and drained it to the bottom. Then he relapsed into his former extended position in the chair, plunging the left hand deeply into the pocket of that side, as a lawyer may do who is taking a client's case into serious

consideration. He leaned the big head with its tight black curls on the cushioned back. From a vest pocket he took a small, folded, magnifying glass, opened it; then passed the article across the table to Mrs. Brown, who wonderingly received it in her hand. He turned his hand—the right—still resting on the table, palm downwards:

"Look through the glass and listen while I tell you!"

"On the back of my hand and wrist you will see many minute transverse lines, intersecting. At the intersections you will perceive small hairs emerging. Note that the hairs are inclined to the little finger side of the hand like green grass is sometimes blown over by the wind. Now, just to windward of the hairs, if you were to press with a bristle or piece of horse-hair, you would make me feel a weak sensation, of bright quality, and somewhat ticklish. It would be thin and wiry but with a definite body. Those who have studied and experimented with this sensation term it the sensation of contact, or physiologically, a sensation of pressure, though a weak one. It is possible to call out varying degrees of this pressure sensation, experimentally. Instructively, I may say, on the average there are about twenty-five of these points to the square centimeter, over practically the whole extent of the cutaneous surface; although there are here and there considerable variation as, for instance, on the scalp, where they number about three hundred, and on the upper arm, where the number is about seven to the square centimeter.

"Now, if you will take up that bit of lead pencil," and he drew back the hand and then tossed a short, blunt lead pencil toward her, "I shall tell you that sometimes it feels cold and sometimes warm, when you press it lightly on the back of my hand."

Mrs. Brown complied and varied the interesting experiment on herself.

"Those are called the temperature senses and, like the pressure spots, are tuned to different intensities by distinct stimuli, internally through the blood, and externally. These are found practically over the entire surface of the body, although the warm nerve organs are deeper seated than the cold. It is interesting for you to know that, on the average, there are about thirteen cold to two warm spots. Very well. Let us proceed. The surface of the skin has been quite accurately and rather minutely explored by practically all sorts of stimuli—mechanical, thermal, chemical, electrical, the last, to my mind, being the most significant in this particular instance. There remains with me a distinct remembrance of both pressure and temperature sense. It certainly seemed

like a hand over mine directing me to write. It had a sensation of clamminess, moreover—a composite of cold and soft."

Mrs. Brown was very much interested in the explanation of these phenomena, although she had never heard Silent Black indulge in such a long talk on any subject. She saw, however, he was intensely moved by the incident of the office. He had now enthusiastically excited her interest and markedly on one phase, namely, that referring to the significance of electrical stimulus in his personal instance.

"What do you mean by electrical stimulus being significant?"

"Just this: I thought intensively over the whole visitation, if I may call it such, for a full half-hour in the office. I have read that messages have been claimed to have been sent—transmitted in this way either by the dead or the living—but I never paid any heed to the subject—telepathy—is that what you call it?—just dismissed it as so much balderdash. Now, though, I am the medium. These thoughts have somehow been pushed into my conscious mentality. Some yet undiscovered aerial phenomenon may have transmitted this S.O.S. to me. What bothers me is: Should I consider the message as coming from the living or the dead?"

"Dead, of course," asseverated Mrs. Brown. "Didn't we agree it was Dr. Brown's hand-writing as nearly as it could be?" scanning the writing again. "But now you speak of it, the hand does seem a little feminal in its characteristics."

"That's just how it impressed me," returned Dr. Black, "and," he went on, "we have strange substances and phenomena in the world these days—wireless, telepathy, radium, thorium, etc. There's radium, for instance, constantly emitting emanations and radiations of several varieties. Who knows but that this message may be the emanation of some mind in distress, and from some one who may be closely connected with either you or me. It may be like the itching of the left palm in some persons just before they receive money—a rather constant happening with me."

"Your theory might be tangible if I had any near relatives in Toronto," spoke Mrs. Brown, but with a noticeable change from an interested to a cold, reserved tone, which Silent Black detected.

"The message reads: 'Very near friends of mine,' and he paused to observe the effect upon his companion—and it is signed, 'J.Br——'."

"But it all seems so unlikely," the lady yawned.

Dr. Black took the hint. It was bed-time.

"Well, I'm going to see this thing out. There is adventure in it from now on:" and he knew, and Mrs. Brown also knew, that he had the Prince Florizel spirit of adventure developed in him to no unmeasured extent. "I was going to write for drugs and instruments, but now I shall go down to Toronto to-morrow instead. I'm not very busy and I can take a couple of days off—first since coming to Carluke; you can send any emergency calls on to Mackenzie. It is only six miles farther. Good-night," and he jumped up, walked out to the dining-room where the maid had left a lighted lamp, and ascended to his bedroom.

The following night Dr. Black was in Toronto. He had finished dinner at a down-town hotel and stood before the office desk searching a city directory. Outwardly, he was there to make certain purchases; inwardly, from a double motive—the bent of a scientific mind to solve the riddle; and a spirit of enterprise to cope with any chance situation which might arise, and with no thought of immediate or future reward. He had been interrupted the night before in writing for those selfsame supplies by an occult summons. Not, as a rule, given over to superstition, he had proposed to himself to see whether he could trace out the occurrence to the subconscious influence of the living. He hesitated to ascribe it to the "personality" of Dr. Brown, although Mrs. Brown seemed to be quite sure the deceased husband had a hand in it. Failing both, he would lay the fetish, for himself at all events, of spiritualistic visitations. That Mrs. Brown had some prescience in the matter, he quite firmly believed; and the proof of that lay in his pocket in the shape of a letter Mrs. Brown had handed to him that morning, and which he was to open and read to any person or persons to whom his quest might lead him.

"I want to find Toynbee Avenue or Toynbee Street," addressing the clerk, without looking up, and turning leaf after leaf of the book. "I do not see that name here. Do you know if there is such avenue or such street in the city?" and he glanced up quickly at the official standing on the other side of the desk.

"Never heard of it," nonchalantly replied the clerk, proceeding in the curling of his moustache and looking as pretty and as innocent as a kewpie.

Silent Black closed the volume with a bang, emphasizing contempt for the clerk's disinterestedness and lack of helpfulness to a guest. He turned to the bell boys—no information to be got there. Then he strode across the rotunda to the cigar-stand, selected one and lighted up. From the cigar-stand he went into

the street. The time was 7.30. He stood on the sidewalk for a moment debating whether he would go to a movie or take a stroll. The latter won—there would be "nothing doing" at a movie; something might turn up on a stroll. He had read in the newspapers the west end of the city, in the down-town districts, was developing rapidly as a manufacturing centre. Perhaps he might see a promising chance for a real estate investment. He took his way westward, therefore, observing the big new factories, buildings which were unknown to him when he covered, in student days, all that part of the city as understudy to some of the younger members of the faculty. What had once been handsome private residences now crouched among the big buildings, and smelled of common boarding-houses. Roomers were already sitting on the door-steps. He sauntered along for a half-hour, crossed a street and came to a full stop. The street ended there. He could either go north or turn south. He chose the right turn.

In the act of turning his boot started some metallic article and sent it ringing along the concrete walk in front of him. His eye glimpsed it as the article dropped off the curb to the street pavement. He hastened forward and picked up a ring. It was a gold ring, in fact, a wedding-ring—and appeared brand new.

(To be concluded in August issue.)

The Surgical Clinics of Chicago, Volume III., Number 1 (February, 1919). Octavo of 236 pages, 75 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Published Bimonthly. Price per year: Paper, $10.00; cloth, $14.00.

An excellent number and one which will be of undoubted value to surgeons.

Lippincott's Nursing Manuals—Essentials of Surgery—A Text-Book of Surgery for Student and Graduate Nurses and for Those Interested in the Care of the Sick. By Archibald Leete McDonald, M.D., the Johns Hopkins University. 46 Illustrations. Philadelphia and London: J. B. Lippincott Co. Montreal Office: 201 Unity Building.

The matter in this book is presented simply and is for senior nurses. It covers the general principles of surgical diseases and the pathological changes which result. Nurses during their training course will find it of splendid value.

Dominion Medical Monthly

And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH

The most remarkable thing about strikes is that they are always settled. If the medical man could, as absolutely, assure patients of a cure, then, indeed, would patients and physician alike be happy. If strikes can be always settled, then they can be always prevented. No doubt, many strikes are often prevented, but why can they not be all the time?

Generally speaking, the physician's sympathy is with the man who toils. They go into his home, see and appreciate his conditions of life, become acquainted often with his struggles and aspirations. Supposing the boot were on the other foot and the doctor were striking—would there be any sympathy? Perhaps, however, some one would hasten to jokingly remark: "So much the better, we would all be well!"

Sometimes the strikers have a strong public sympathy behind them—possibly they do not care whether they have it or not; but the fact remains that the public—many of them not earning any more money than the particular strikers—are often put to great inconvenience, loss of time, and loss of money.

Now, if strikes can always be settled, they can as truly always be prevented; and like in preventive medicine, the industrial classes should seek for a remedy to prevent strikes among themselves. Doctors have always taken a ready and prominent part in the prevention of disease among the people. They would be better off, financially, if they left public health medicine severely alone.

Production is considered to be the essential of the time and the day. Just how production is to be multiplied when workmen down tools, is rather difficult to figure out. Perhaps production can wait, but over-production always has resulted in low prices, and that seems to be what all are wanting.

Supposing the medical profession demanded fees to-day double those of 1914, and they were not forthcoming at the end of a week, and immediately put into effect a strike regulation, not to attend any more upon those who could not or would not pay, and a central office to which to report such cases, how could the workingman describe our conduct? Suppose even an individual physician here and there would strike in an emergency call, what would be the particular words which right-minded and high-minded people would apply to them?

Supposing the profession of medicine were nationalized, and continued at their salaries all through war period and these intensive days, and struck for shorter hours and more pay, for a week or two or three weeks—oh! Pshaw! what is the use of discussing it. The profession must simply work on and hope for better days. Until a man grows old in medicine, he is always looking for more work. And yet the uncertainty of life, irregular work, irregular sleep, and irregular meals, make the average physician's life of shorter duration than that of the average workingman.

The strike is the big stick in the hands of labor. Labor has many sympathizers who would be glad to see labor evolve from the domination of the big stick and strike out for some new and saner method of settling disputes. Like everything else, it will have its day and from labor itself will eventually arise a more rational and pleasurable way of settlement than that which now often results in pain—the subordinate emotions of discomfort, hunger, fear, sorrow, etc.

HOW TO HANDLE THE MORE COMMON SKIN DISEASES

(Continued from last month)

By A. Ravogli, M.D., Cincinnati, Ohio.

Ichthyosis.

Ichthyosis may be very mild in degree, and this is easily improved, if not perfectly cured. Ichthyosis serpentina with embricated epidermic scales, is also easily improved, and usually does not cause any disturbance to the individual affected. The third type, the ichthyosis histrix, when of an exaggerated kind has to be considered for exemption. The thick epidermis, together with small papillary growths, renders the motions difficult, and sometimes painful. Ichthyosis is at times accompanied with hard epidermis of the palms and of the soles, parakeratosis, which prevents the easy motions of the hands. It seems, really, that in some cases of ichthyosis the whole affection is limited to the palms and soles, with hard thick epidermis.

Ichthyosis of the severe type is sometimes accompanied with troublesome itching sensations, and also with stubborn eczema.

A mild case of ichthyosis is easily cured with resorcin applications in this form:

R. Resorcin, ʒ½.
Acid. salicyl., gr. xv.
Vaselin. alb., ʒi.
M. Sig.—Apply as needed.

For a severe case of ichthyosis all that can be done is to diminish the hardness of the epidermis, remove the scales and treat the eczematous complications. So far, the cause of ichthyosis is not known. It is a hereditary disease, one of the parents having been affected with the disease, and usually it is not limited to one of the family but several members of the same family are suffering with this affection.

Psoriasis.

In general a mild case of psoriasis is associated with good general health. The skin lesion is revealed by a slight elevation above the epidermis of the tissues forming the papillary layer. The tissues are infiltrated with leucocytes, the connective tissues

enlarged, the papillae of the derma elongated. This condition produces the distension of the epidermis, which causes the cells of the stratum corneum to become necrotic and to be converted into a mass of scales, which cover the psoriatic patch. The scales are not adherent, and with a spatula, with the finger nails, or with a rough cloth are easily removed. When the scales have been scratched off, a rose red surface appears, consisting of the juicy cells forming the Malpighi layer and the tip of the papillae, which having been injured by the removing of the scales produce punctiform hemorrhages, which are considered the pathognomonic sign of psoriasis.

We cannot enter into discussion of the possible causes producing psoriasis. We can say that an ordinary case of psoriasis is easily cured. In our practice we find subcutaneous injections of 10 per cent. cacodylic acid solution to give splendid results. In some cases, four injections of 4 cc. of this solution has been sufficient to remove psoriatic eruption. Externally the use of a carbolic acid solution, or an ointment of white precipitate of mercury and carbolic acid, had helped to remove the patches. In some cases a few applications of tar and cod-liver oil in equal parts at night are sufficient to remove the scales and to reduce the psoriatic patches, which gradually will disappear. The use of the great reducing agents, chrysarobin and pyrogallol, has to be limited only to stubborn cases of a deep form, and not much extended on the surface of the skin. Chrysarobin and pyrogallol, from an extensive and protracted use, cause a stubborn dermatitis, which sometimes is difficult to treat successfully.

From the different methods of treating psoriasis we obtain such good results, that there is no necessity to consider this dermatosis as a cause of exemption in the army, nor incurable. To-day, with the advance of dermatology, cases of universal psoriasis are not seen like we have seen in the past, when patients were covered with psoriasis to such an extent as to be unable to move their joints without producing enormous rhagades, exceedingly painful.

Of course every case has to be considered in its separate entity, and must be left to the good judgment of the practitioner.

Lupus.

Lupus vulgaris in our country is rather rare, but as it belongs to the tuberculosis class of skin lesions we would class this dermatosis as serious indeed. In the same way lupus erythematosus, which, although superficial, limited to the papillary layer, belongs

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to the tuberculosis group, and needs care and prolonged treatment. Lupus erythematosus of the discoid type may remain for a long time without causing much trouble, but the appearance is distressing.

Other Lesions of the Same Group.

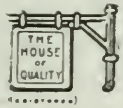
Other forms of cutaneous tuberculosis, as lichen scrophulosorum, acne necrotica, or papulo necrotic tuberculid, are usually associated with general tuberculosis, and the condition of the health of the individual will be such as to have to depend on systemic treatment.

On the other hand, a man suffering with staphylococcic infection, as furunculosis, boils due to temporary infections, had to be systemically and locally treated. These cases yield easily to a general tonic treatment; syrup of iodide, and small doses of quinine, improve the system of the patient. Repeated bathing with a solution of boracic acid diminishes the inflammation and hastens the suppuration. The boils are covered with ichthyol and diachylon, which softens the epidermis and helps to remove the necrotic part of the boil.

Bullous Eruptions.

Sometimes we meet with some vesicular, or bullous eruptions, as in epidermolysis bullosa, in dermatitis herpetiformis and in other cases of versicular eruptions not yet well defined, where the eruption is more a symptom than the disease. These cases, according to their extension, to their chronicity, to their recurrences and to the general symptoms which are associated with the eruption, have to form good reason for exemption from the army. We have seen patients with small vesicular eruptions on the soles of both feet, which have been greatly aggravated by walking.

By the death of Dr. Luke Teskey, Toronto, an able surgeon was lost to Canada. Dr. Teskey was looked upon as a man endowed with wonderful brain power; and as a teacher his students held him in the highest esteem.



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Reviews

Dietotherapy, Chemistry and Physiology of Digestion—Classification and Analysis of Foods. By William Edward Fitch, M.D., Major, Medical Reserve Corps, U.S.A., and Forty Contributors. Volume I. published with the permission of the Surgeon-General of the Army. New York and London: D. Appleton & Co.

This most comprehensive work—three large volumes—on the subject of Dietotherapy, which has ever come before the medical profession, is made all the more valuable, as it is the compilation of numerous articles by leading and experienced medical men.

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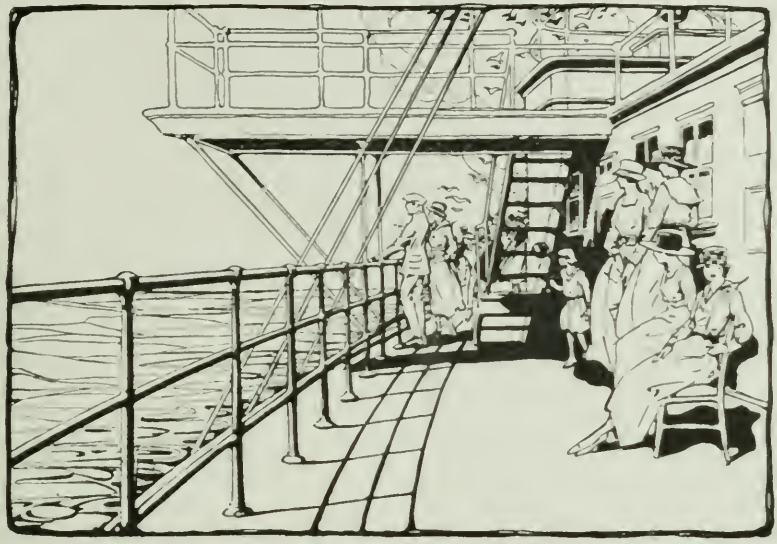

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Publisher's Department

PREPARE THE BABIES FOR HOT WEATHER.—During the month of June it is not a bad plan for the physician to take mental "stock" of the babies under his care, especially such as are bottle-fed, with the general idea of recommending such treatment as will tone up and vitalize those whose nutrition may be below par, so that they may enter the trying summer months in the best possible condition to ward off or withstand the depressing influences of extreme heat or the prostrating effects of the diarrheal disorders of the heated term.

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Dr. F. W. Marlow, Toronto, has been elected President of the Ontario Medical Association.

Dr. T. B. Richardson, Pension Board, Ottawa, is in Toronto for a month.

Dr. R. E. McKechnie, Vancouver, has been elected President of the Canadian Medical Association.

Dominion Medical Monthly

And Ontario Medical Journal

Vol. LIII. TORONTO, AUGUST, 1919 No. 2

Original Articles

IF DOUGLAS BLACK WERE ONLY HERE

By A. C. E.

(Continued from July Issue.)

"Some poor woman has lost her wedding-ring," he murmured to himself. He stood looking at it in the hollow of his palm.

"Mighty small finger," he mused. Then he looked up and down the short street. Not a pedestrian was visible. Below, he glimpsed the Bay with some yachts at their moorings. To the north, the street seemed to cross a business street and end at the street beyond that. Then he saw he was standing just about opposite a narrow stretch of lawn between a church on the right and a parsonage, or rectory, to the south, fronted with a long, low verandah, almost completely hidden by vines. The church door was open and the bell began ringing. Some worshipper may have lost it going in to the evening service. But stay, a different thought appealed to him—perhaps some one had gone into the rectory to be married.

"I'll hand it into the rectory," he spoke to himself; and he opened the little iron gate and stepped on the verandah which was quite close to the street. The door was ajar, and he distinctly heard voices within. The vines hid him from the gaze of any chance passers-by. Listening, he heard in full rich tones these words:

"I, Barney, take thee, Eleanor, to my wedded wife,——"

Silent Black stepped softly within the door—into the hall, when he saw a wider door draped with rose-colored portières, lined with flowered-green silk. The door led into a drawing-room whence the voices issued. The name, Barney, recalled student days. He was therefore almost quite prepared for the gruff voice ascending from the boots of its owner in response:

"I Barney, take thee, Eleanor, to my wedded wife,——"

Dr. Black removed his hat gently with his left hand: the ring was clenched in the right. Who was the girl could marry this man! He waited while the clergyman and the would-be groom finished the passage.

In gentler tones the minister continued:

"I Eleanor, take thee, Barney, to my wedded husband,—"

Silent Black slipped a pace nearer the portières. There was a pause—a sob—a cry—a falling body. The unbidden guest advanced into the room holding out his hand, the ring showing in the palm.

He spied first the clergyman's back: the girl bunched and sobbing on the floor; the clergyman's wife and maid endeavoring to raise her; the burly form of Barney Bitts, amateur boxer, broad, raw-beef-faced, red-moustached—that short, broken-nosed visage, which he, himself, had helped to make uglier, the time a band of roystering students, on a Hallow-e'en night, had "mixed it up" with Bitts and some other local celebrities.

Disregarding Barney's savage look, who seemed to recognize him, Silent Black spoke as the clergyman turned to the intruder:

"I found this ring outside—perhaps you may need it," and he held it toward Bitts. That worthy hurriedly searched his pockets, although the sneer in Dr. Black's tone was not lost upon him. He blustered by the clergyman, took the ring, and dropped it into a waistcoat pocket. Then addressing the minister, he ordered:

"Go on with the show!"

The clergyman hesitated and looked appealingly to Silent Black, who shook his head, a negation unnoticed by Barney Bitts.

"I shall not go on with this ceremony now, Mr. Bitts—better put it off to another occasion," and he bowed as wishing a very good-evening to the near-benedict.

"Madam," intruded Dr. Black, addressing the mistress of the house, "I am a physician from the country—in town for a day or two. I can see that young lady would be the better of a cup of tea and some food. She appears as though almost starved."

The lady and the maid, finding the unhappy girl less resisting now, supported her to the dining-room.

Bitts took his hat and swaggered out of the room. Turning at the portièred entrance, he shot back:

"I'll get even with you, Doc Black, for this."

"Oh, don't go—don't go!" entreated the clergyman, as Dr. Black started to follow Bitts. "Don't go out until he is well away. He's a very bad man—what they call a local bruiser—saloon-

keeper too—but the girl said she was willing to marry him. I do believe, now you have mentioned it, she is half-starved—and he had the license too," and the worried clergyman took Silent Black by the sleeve and led him to an easy chair by the window where, through a breach in the vines, he could look out and see if Bitts really went away.

Silent Black seated himself and the clergyman took another chair opposite.

"Now," the latter said contentedly, "I can watch from here. There, as I thought, he does not mean to go away. He is walking up and down in front of the church."

"Let him walk," replied Dr. Black—"Who is this young lady?"

"I don't know, except that her name is Eleanor Bray, and that her address is Toynbee Lane. I never saw or heard of her before. What she wanted to marry that brute for I cannot comprehend," and the clergyman cast another look out of the window and saw that Bitts was still doing his constitutional.

"By George!" exclaimed Silent Black, "that's something near."

"What's something near?" questioned the clergyman.

Silent Black never answered that question. He jumped from the chair, disregarding both the query and the quesitiol man of the cloth, calling back as he hurried out of the drawing-room: "I must see that man right away."

The clergyman as hurriedly followed.

"Say, Bitts," Silent Black called as he reached the gate. "are you waiting for me?"

Instantly there was a clanging and clattering of fire reels ringing and pounding along the street which ran alongside the church; and as they turned to go up to the next corner, where a dense smoke could be seen, a crowd of men and boys came running along shouting:

"Bitts's saloon is on fire. Fire! Fire!"

Dr. Black received no answer from Bitts. Instead, he saw him tear through the crowd, scattering them as he had often scattered the ninepins on the bowling alley at the rear of the saloon. The clergyman informed him that Bitts' saloon was situated at the next corner, still known as such, but metamorphosed into a standard hotel.

He turned with the clergyman and re-entered the rectory. There was something of greater interest to him in there than a fire, even though that self-same fire was lapping up Barney

Bitts' saloon. He was unafraid of Barney Bitts. Had he been tackled he felt he could have given a good account of himself, and with interest. He knew Bitts of old. For the present he was out of his path. He would pursue the clue in the other direction.

"I think if you, and she, will permit me, I shall escort this young lady to her home. You might ask her. I'll wait in the drawing-room."

The clergyman, no doubt glad to be rid of the whole business, readily complied.

As the girl came out of the dining-room, Silent Black noticed that she was rather tall but terribly thin. Her hair, brushed straight back from her forehead, was raven black. Her cheeks, pale and hollow; cruel-looking dark rings under the bright, black eyes. Her features, regular, but far too prominent. Even her lips were pallid. Her attire he summed up: a white voile waist, a navy blue serge skirt, and a pair of shoes—all of which apparel intimating of better days. To Silent Black there was something familiar in form and face, and the name, which reminded him of hospital times.

She preceded him from the rectory—the clergyman had informed her of the arrangement. People were still hurrying to the fire. Together they walked to the corner of the church, where Eleanor paused, undecided. The fire-fighting apparatus could be seen a block north obstructing the street—and the crowd was dense. Then she motioned to come along the cross street, and he fell in by her side. They walked a block west, turned north two blocks, came east, then south toward the fire.

All this time Silent Black bore out his name to the full. Neither had Eleanor any inclination to talk. There was apparently something hanging heavily on her mind. He felt, however, that his unexpected presence was helping the girl to regain her confidence, which became more evident as they neared her place of abode. People were assembled in this part of the street also, but the sidewalk was not obstructed. A better view of the fire could be gained from the street roadway. When nearly down to the corner she paused. He looked up at the houses—daylight saving was in force—and he could still see the numbers. "Eight," he read on the lintel. That could not be the place. His call had been to 1--8: eighteen.

"Promise me," she whispered, observing that some people standing by were watching them rather suspiciously, "you will not tell my sister about this—she did not know I was going to be married."

He started at the mention of a sister, but as he could feel the dark eyes searching his face, he did not turn his gaze from the house number.

"I'll promise—until—until you give me leave," but he wondered why the intended marriage was all unknown to the sister, as much as he had wondered why this unfortunate girl was linking her life with Barney Bitts for all time.

Eleanor then turned off the street and took her way along what seemed to him a side entrance between the houses. He followed. At the rear of the houses the side entrance widened out into a lane, and at the end of the lane stood a small, rough-cast cottage, separated off from it by a low picket fence, and directly facing the lane. She pushed open the little gate and preceded him to the cottage. There was a small window on each side and a gable over the door. She gently opened the door and entered the cottage; and drawing off his large felt hat he stepped within, in full possession of himself for any emergency which might arise. Then she closed it.

"I've brought a friend, Janet."

The simple announcement which was also meant to be an introduction, thrilled him mightily, but he saw no Janet. What he did see, however, by the aid of a small lighted lamp on a centre-table about the middle of the meagrely-furnished room, were a few books on the table, a diminutive cook-stove at one end of the apartment, a kitchen-table, an old faded carpet, a rocking-chair, a few plain chairs, a sewing machine; three doors on the farther side of the room, two possibly leading to bed-rooms, a third to a lean-to, or out-house. A slight noise as of some one arising near the stove fixed his attention to that part of the room, where he saw that a woman was trailing herself up from a chair to greet him. Wearily the figure dragged itself toward him and would have fallen to the carpet had he not stepped promptly forward and caught her in his arms.

Silent Black ground his teeth crunching a bitter imprecation. "Can this thing be in a Christian city?" grinding it out more to himself than to his hostesses. His professional eye had diagnosed starvation.

He reached and drew the rocking-chair and placed Janet in it beside the table, while Eleanor fetched a glass of water. She seemed not to have suffered so severely as the elder sister, who had really denied herself for Eleanor. Taking a chair in front of Janet, Dr. Black held the glass to her lips as he would to those

of a feverish child, when she opened her eyes full upon him and breathed:—

"Mr. Black—Dr. Black."

"Merciful heavens, Miss Bray! Is it you?" gasped the horrified man, surveying the bundle of old clothes and young bones before him. "I can scarcely believe it is the same Janet Bray I knew as a nurse when walking the hospital in my final years. Then you were young and beautiful and were to marry Professor ——"

"Hush!" she whispered; "there was never anything in that but hospital shop-talk."

"This is outrageous!" he exclaimed. His hands clenched. He could have shouted it out to the whole city that its humanity was a cold-storage plant. He sprang from the chair and paced the room collecting his thoughts. Had Barney Bitts appeared then he could have evulsed his arms from their sockets. By-and-by he noticed Eleanor standing by the side of her sister. Astonishment and bewilderment sat upon her countenance at finding these two were known to each other.

"You must pardon me," he burst out, addressing Eleanor and drawing folded bills from his pocket, "I can't stand this any longer."

Separating two, he handed them over to the yielding girl, forcing them into her hand.

"Go at once and buy some food—milk, butter, tea, sugar, beef juice, bread, cakes, biscuits, fruit—and hurry back!" and he led Eleanor to the door and gently pushed her out, closing it after her.

Returning to the chair he had sat in he opened: "Miss Bray, this is providential—don't talk—I see you're not equal to it. I have a letter here," reaching into the inside pocket of his coat. "It says on the envelope I may read it to any person or persons I may chance to meet with on my travels. I know what that means. You don't. I am going to read it to you. I may first tell you I live with the widow of my deceased predecessor, in a country practice—a good, motherly soul by the name of Brown," and he tore the end off the envelope. He drew out the epistle, not noticing that Janet clasped her hands and that a look of anxiety overspread her face.

"Oh, this is good news!" ejaculated Dr. Black, as he read the opening lines before commencing to read aloud—"but I must read it to you."

"'My maiden name was Bray. I had one brother who was always a spendthrift and latterly, I am afraid, dissolute. Many years ago he managed to borrow a large sum of money from my late husband, and also secured his endorsement on several notes. Needless to say, all was a total loss. He then drifted out of our knowledge, died, and left a widow with two young girls. This we learned subsequently. I was so incensed at the way he had used my husband that I vowed I would never own his family. It may be that this mysterious visitation of yours refers to them; and, if so, I want to say, that I forgive my brother and his family as I, myself, hope to be forgiven. If it should so happen that the call is to any of his, tell them that I freely forgive all. I leave the matter entirely in your hands to do as you think for the best. They were living in Toronto when we heard my poor brother was dead. Yours, etc., Janet Bray Brown.'"

"Yes," sighed the wretched Janet, "that is all too true. Poor mother wrote and told Aunt Janet about father's death, and my aunt replied casting her and the children off forever. Surely we were not to blame if father's investments turned out badly—that caused him to take to drink, like it has done for many another man. If we had only had prohibition then, it would have been different—but I should like to see my Aunt Janet: I'm sure I could love her in spite of all our sad misfortunes."

Silent Black had not, however, forgotten he was there for a specific, scientific purpose. He folded the letter and returned it to his pocket. He was a sleuth following a certain, definite trail. He was not to be thrown off the scent by Mrs. Brown's repentance and her faith in the psychical. Now he knew he had misinterpreted part of the message. It was not "eighteen" Toynbee lane it meant to convey, but one house in that lane. The message had failed to give the name of the street it led from, but had given the number "eight."

"There is something about all this I cannot understand, Miss Bray." He had overlooked that Miss Bray had not questioned him about the meaning of the phrase—"mysterious visitation of yours," in Mrs. Brown's letter. "And you can't, either," he continued, "until I tell you my story and how it comes I am here."

Then he recounted to Janet the incident of the night before when he was alone in the office. He told her of his trip to the city; of going for a stroll, Micawber-like, looking for something to turn up. Then he began to hesitate, he was wishing Eleanor would return, he had promised her not to tell of the episode of the wedding interrupted by him; but he stumbled along until he

had started the ring rolling on the concrete walk, when the door opened and Eleanor, slightly flushed, entered, her arms burdened with parcels and a grocer's boy, attending, carrying milk and other good things for famishing persons. When the purchases were deposited on the table and the boy had gone, Eleanor closed the door and commenced preparing some supper for three.

A cup of hot beef tea was soon administered to the sufferer, who quaffed it greedily and asked for more. Dr. Black handed her another and prepared some bread and butter. Janet, reviving under the stimulant, began to talk with a woman's awakened interest:—

"And what did you do with the ring?" she asked eagerly.

Eleanor nearly dropped the cup of tea she was carrying to her lips and stared at Dr. Black.

"Oh!" he replied carelessly, "it rolled off the curb and may be there yet if some one has not found it."

Swiftly he came back to his scientific trail.

"But tell me of yourselves. You will be all right now, for your Aunt Janet will have you both come and live at her home;" and he proceeded to tell Eleanor of the new aunt of whom she, being a few years younger than her sister, was not so well informed. "Tell me of yourself, Miss Bray—how you come to be in this awful plight."

"That will make but a short story," began Janet. "Two years ago mother fell ill of typhoid fever. I came home to nurse her. She died. Then I contracted the fever. Eleanor left her office position to nurse me. When I was just able to crawl out of bed, she took down with it. By the time she was convalescing, our savings were all gone. Piece after piece of the furniture had to go. I was not able to go back to nursing and never have been. Eleanor has been in the same fix. Then we managed to move into this cottage. Neither of us ever fully regained our health. Then came that villainous, beastly man, Barney Bitts. We rented the cottage off an agent. Bitts proved to be the landlord. He has bothered the life out of us ever since. Now, as you have rightly judged, we are actually starving—and three months' rent owing. Only last evening he was here demanding his rent and bare-facedly offering to marry either of us. The Beast!"

"And to think that I telephoned him from the drug store this morning and offered to sacrifice myself to save us from starvation," sobbed Eleanor, burying her face in her hands.

"Now I see it all," and Janet, too, fell to weeping.

"You found the ring he had lost, Dr. Black—took it into the rectory down there—that accounts for Eleanor bringing you here —I had not thought of it before."

"You have guessed correctly, Miss Bray—but it doesn't explain what I want to know," and Silent Black, puzzled, searched Janet's eyes.

She avoided his look and held down her head.

Dr. Black took from an upper waistcoat pocket a slip of paper, unfolded it, and presented it to Janet to read—the automatic writing of the night before.

Heavy-footed steps were heard coming along the walk from the little gate, and a loud knock rapped by hard knuckles demanded admittance.

Silent Black hurried to the door and threw it wide open.

Barney Bitts stood there, a little taken aback when he saw who was present with the sisters.

"Come in!" ordered, rather than invited, Dr. Black.

Barney complied readily, and opened directly by demanding:

"I want my rent—that's all. Now that Miss Janet has found her Dr. Black, there's no use corralling me."

"Have a care, Barney Bitts, how you talk and how you sneer. I'll pay the rent due right now, but I want an explanation of what you mean by saying—'now that Miss Janet has found *her* Dr. Black . . .'"

"Not found it out yet? Ask her about that old glove she was fondling last night about nine o'clock when I was here for my rent—and I always have to chase after it—and what she meant by saying, as she crushed the old thing in her hands: Oh, if Douglas Black were only here!'"

Dr. Black paid the rent and conducted the man to the door. He could have flung him through it only for the presence of the sisters. As a student he had loved Janet Bray, but had gone out into practice thinking that she had not cared for him, was, in fact, to marry the professor.

As he returned to the table and sat down in front of Janet, she laid on his knee an old right-hand kid glove, which he remembered she had snatched out of his hand one day at an out-door clinic.

"And it was this hand that guided mine last night," taking her frail right hand in his large, strong palms—"and yours is the feminine hand-writing," nodding at the message.

"I suppose so. How could I confess that I cried to you with all my might last night to come and save us?"

Douglas Black gazed into the wan face. He had the satisfaction that he had traced the mysterious message to the living, but scarcely living, Janet. The excitement of the last few moments had been almost too much for her sorely tried strength. He did not hear the light knock at the door. He did not see Eleanor hasten to open it. He did not see the professor, a tall, distinguished-looking young man, a few years older than himself, advance rapidly to his side. Nor did he sense the hand on his shoulder; the professor's sharp question: "Black, what are you doing?" And then they both set to work to revive the dying girl. The professor had gained a knowledge of Janet's whereabouts too late. There was a faint attempt to open her eyes to see the two men who loved her. Whether she did the two medical scientists could only shake their heads to Eleanor's query.

Six months' later Douglas Black, Eleanor, and Mrs. Brown, walked to the manse at the upper end of the village of Carluke.

News Items

Major H. G. Murray, Owen Sound, Ont., has returned from overseas and resumed private practice.

Major D. A. Clark, Dovercourt Road, Toronto, has been appointed to the staff of the Military Neurological Hospital at Vancouver.

It is understood, now that the Ontario Government has been granted leave to manufacture "Salvarsan," that manufacture will shortly commence under the Provincial Board of Health.

The Medical Society of New Brunswick passed, at its annual meeting in July, a resolution affirming that alcohol is a necessary drug, and should be under no more restrictions than any other drug.

Dr. Wilfrid T. Grenfell, C.M.G., the Labrador medical missionary, has been in Ottawa on a hospital mission. He is endeavoring to open two new hospitals at Bay of Islands and Twillingate.

Lieutenant-Colonel John Amyot, C.M.G., Professor of Hygiene in the Universty of Toronto, has been appointed Deputy Minister of the new Federal Department of Public Health, Ottawa, Canada.

Dominion Medical Monthly

And Ontario Medical Journal

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Vol. LIII. TORONTO, AUGUST, 1919 No. 2

COMMENT FROM MONTH TO MONTH

"**The traffic in morphine in Ontario** is increasing to a shocking degree. It ought to be possible to trace to the wholesale dealer engaged in debauching the troops at Kingston the five thousand morphine tablets discovered by a search of their clothing."—*The Globe*, July 11th. Why not prohibition in the manufacture, importation, and sale similarly as advocated in alcoholic beverages? Why make flesh of one and fowl of the other? Any medical man will tell the people that the morphine addict is worse than the alcoholic. Why not place morphine, cocaine, etc., within the provisions of the various enactments on alcohol?

In a few months at the outside the people of Ontario will have a chance to vote on the prohibition question: and whatever the people decide must be passed into legislation. Even although the Legislature enacted the Ontario Temperance Act without a mandate from the people, the law is the law and should be obeyed. There can be no sympathy with those who have abused their privileges under that Act: but we cannot refrain from stating that the medical profession unconsciously was made "the goat" by that legislation. The druggists were wiser and more prescient: and they were given the option of keeping liquor or not, as they wished. Whatever the outcome is when the referendum is voted

upon, it is to be hoped that the medical profession is relieved of all responsibility in connection therewith.

If the medical profession, under the Ontario Temperance Act, had totally refused to issue a single prescription, their action would have been injurious to the temperance cause, and, perhaps, had certain physicians been more cautious in their prescribing, the profession as a body would not be to-day resting under the stigma of violation of one law of the province. By the issuing of many prescriptions the appetites of addicts have been appeased, and these have not been violently opposed to the prevailing conditions.

The bar has gone in so far as intoxicating liquors. Not very many have the hardihood to declare themselves for its return. There is, however, a strong feeling that the present Act discriminates between the rich and the poor. The rich were permitted to stock their cellars by the carload lots. Right-minded people will require one law for all. Should the Act be retained, there will be a demand that plethoric cellars should disgorge.

How best to handle the alcoholic question is and has been perplexing for long years. It is not prohibition to prohibit the sale in one province and permit the importation from another province. Why should the people of Ontario be made to spend their money in Quebec?

How are you going to vote on the referendum so that the medical profession may be eliminated as a factor in the Act? The ballot will be presented you in this form:

Are you in favor of the repeal of the Ontario Temperance Act?

Are you in favor of the sale of light beer containing not more than 2 51-100 per cent. alcohol, weight measure, through Government agencies, and amendments to the Ontario Temperance Act to permit such sale?

Are you in favor of the sale of light beer containing not more than 2 51-100 per cent. alcohol, weight measure, in standard hotels in local municipalities that, by majority vote, favor such sale, and amendments to the Ontario Temperance Act to permit such sale?

Are you in favor of the sale of spirituous and malt liquors through Government agencies, and amendments to the Ontario Temperance Act to permit such sale?

If you want the bar back with all its filth and dirtiness, then mark your ballot "X" in the "Yes" column. If you wish for another and saner method of liquor control, the Ontario Temper-

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ance Act should then be retained, subject to such amendments as a majority of the people order, which control by amendments are above set out in the ballot paper. We fear the Citizen's Liberty League are too late with their advocacy of the sale of beer and wines in well-conducted refreshment rooms, as that option is not incorporated in the ballot which will be submitted to the people. It may have much to commend it, for there are wise authorities who claim that alcohol should only be drunk at mealtime.

To those who wish to be able to buy alcohol without a doctor's prescription, there seems to be only one clause to mark "X" to in the column "Yes." Even then that clause does not seem to be specifically certain on the matter, as clause four does not state whether you are to have a doctor's prescription or not. Since that clause was run into the ballot the Government has taken over the agencies and have, practically, for the present, adopted that method of dealing with the question.

ENCEPHALITIS LETHARGICA

(*Interstate Medical Journal.*)

An awakening of interest is apparent in the obscure condition to which the name of encephalitis lethargica has been given, and which occurred in England in an epidemic form last year. A very full discussion of this subject took place at a joint meeting of the Sections of Medicine, of Pathology, and of Epidemiology of the Royal Society of Medicine on October 22 last. From *The Lancet* report of this discussion we take the passages which seem likely to interest our readers.

Dr. A. S. MacNalty described the condition of encephalitis lethargica occurring in the recent outbreak as an acute illness in which nervous localizing signs might or might not be present. There were three types: 1—A type displaying general disturbances of the functions of the central nervous system, but without localizing signs. 2—Types with nervous localizing signs: (*a*) clinical affection of the third pair of cranial nerves; (*b*) affections of the brain stem and bulb, with local lesions of other cranial nerves; (*c*) affections of the long tracts—e. g., pyramidal, prepyramidal, and upcoming afferent tracts; (*d*) ataxic types (involvement of cerebellar mechanism); (*e*) affections of the cerebral cortex; (*f*) types indicating some evidence of spinal cord involvement; (*g*) polyneuritic type. 3.—Mild or abortive types, with or without local-

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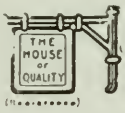
izing signs in the central nervous system. The *incubation period* was probably variable. The *prodromal period* commonly ranged from the first to the seventh day, but might be as protracted as three weeks, during which occurred lethargy, headache, giddiness, and diplopia, as well as lassitude, fatigue, vomiting, and diarrhœa. *The acute manifestation* included slight early rise of temperature (to 101° or 102° F.), marked asthenia, catalepsy, stupor (alternating with nocturnal delirium), emotional changes, changes in speech (which became either nasal, monotonous and slurred, or chattering, rapid, and unintelligible), fibrillary movements, and choreic movements of face, trunk, and limbs. Muscular pains, hyperesthesia, retention or incontinence of urine, incontinence of feces, sweating, skin eruptions, and dysphagia might also occur. Marked constipation was the rule. The rapid, complete, or partial clearing of the paralysis was the most remarkable feature of the types with nervous manifestations. Mild or abortive types were rare. Recovery was gradual and tedious, chiefly on account of the great prostration and muscular weakness. Death appeared to be due to paralysis of the respiratory centre in the medulla, and was preceded by intensification and frequency of delirious attacks, deepening of the stupor, and coma. After-effects noted were: 1, alteration in the mental condition; 2, persistence of cranial nerve palsies; 3, the subsequent appearance of paralysis, apparently of spinal origin; and 4, athetiosis. He concluded that, though the disease resembled poliomyelitis, it differed from it in important respects and displayed characteristic symptoms. It was possible that the accepted classification of poliomyelitis had been made on too wide a basis, and certain cerebral, ponto-bulbar, and ataxic types might have been examples of the clinical forms observed in this outbreak. Cases of poliomyelitis and encephalitis had been known to occur side by side. He thought the relationship between them might be comparable to that existing between typhoid fever and paratyphoid.

(Continued in September issue.)

Spasmodic Summer Complaint.—At this season when intestinal troubles are so prevalent accompanied by the usual manifestation, abdominal cramps, etc., nothing seems to relieve this distressing condition so promptly as Hayden's Virburnum Compound, a true and safe anti-spasmodic. Dose: Mix two teaspoonfuls in seven of boiling water, slightly sweetened and drink as hot as possible. Repeat every half hour until relief is obtained. Be sure the genuine H.V.C. only is administered.



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Reviews

Reconstruction Therapy. By William R. Dunton, Jr., M.D., Assistant Physician at Sheppard and Enoch Pratt Hospital, Towson, Md.; Instructor in Psychiatry, Johns Hopkins University. 12mo of 236 pages, 30 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, $1.50 net. Canadian agents: The J. F. Hartz Co., Toronto.

This book will be of interest and value as dealing with a modern subject which is limited as to its literature—Reconstruction Therapy following upon the Great War.

A Text Book of Physiology. By Martin Flack, C.B.E., M.B., B.CH. (Oxon.), and Leonard Hill, M.B., F.R.S. Illustrated. London, England: Edward Arnold.

In this book the medical student will find the fundamental facts and theories of physiology, together with progress along certain lines since the commencement of the Great War. As proper understanding of physiology is now more considered essential in the every-day practice of medicine, general practitioners should not lose sight of this book, especially if they desire to keep abreast of the times.

Dietotherapy—Nutrition and Diet in Health. By William Edward Fitch, M.D., Major, Med. Res. Corps, U.S.A., formerly Lecturer on Surgery, Fordham University School of Medicine, etc., etc., and Forty Contributors. Volume II. New York and London: D. Appleton & Co.

In our July issue was given succinct information as to what Volume I embraced. Volume II deals with Food Preservation; Preservation of Foods by Dehydration, an attractive and useful study in these days; Scientific Cookery; Hygiene of Eating; Various Factors Bearing on Diet, Digestion and Assimilation; Overfeeding and Underfeeding; Protein and Nutrition; The Significance of Lipoids and Vitamines in Animal Metabolism; The Caloric Method of Feeding; General Nutrition and Mineral Metabolism; Scientific Feeding of Nitrogen Foods; Diet in Health; Diet in Critical Physiological Periods; Hygiene of the Intestines; Physiological Requirements of Infant Feeding in Health; Special Diets; Preparation of Special Beverages and

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Foods; Army and Navy Rations; Food Economics in War. In this volume there are thirteen illustrations and many tables of statistics. Such well-known and competent authorities and medical writers as A. L. Benedict, A. Bruce Macallum, and William P. Cunningham are contributors to this volume. In the matter of excellence of selection of topics, scope, and character of articles, Volume II fully measures up to the high standard set in Volume I. The reader may feel assured that the set of three volumes constitutes the best of present-day knowledge on this all-important subject of Dietotherapy.

Politics and the C.A.M.C. By Herbert A. Bruce, M.D., F.R.C.S. (Eng.), Colonel British Army Medical Service and C.A.M.C; Associate Professor of Clinical Surgery, University of Toronto; Surgeon to the Toronto General Hospital. With introduction by Hector Charlesworth. Toronto: William Briggs.

There has not been much doubt in the minds of the people of Canada that Dr. Bruce did not receive "Fair Play" at the hands of the politicians. Few doubted he was right. When certain persons in high standing come to realize this and make their acknowledgments to Dr. Bruce, then the people will believe that all Canadian sacrifices have not been in vain. The war was fought on the principle of "Fair Play," and high authority should realize first that our birthright and tradition—British Fair Play—should, like charity, commence at home. The medical profession and the public will read the book, and understand that the explanatory phrases to the title are quite applicable—"A History of Intrigue, Containing Many Facts Omitted from the Official Records, Showing how Efforts at Rehabilitation were Baulked." The doctor has out-pointed the statesmen. The truth need not fear the light.

An Outline of Genito-Urinary Surgery. By George Gilbert Smith, M.D., F.A.C.S., Genito-urinary Surgeon to Outpatients, Massachusetts General Hospital. 12mo of 301 pages, with 71 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, $2.75 net. Canadian agents: J. F. Hartz Co., Toronto.

In genito-urinary diseases, to make the diagnosis, this book considers the symptomology, and, as well, the pathology, and gives rather fully treatment, especially that concerned with the minor ailments. The author's own case histories are from the Massachusetts General Hospital.

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Publisher's Department

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An Advance in the Treatment of Carbuncles, Boils, Anthrax, Acne, Styes and Diseases Arising from Staphylococcus.—*The Practitioner,* August, 1917.—"In May at the Academie des Science, Gregoire and Froin drew attention to the fact that tinworkers never suffer from boils, and that powdered tin is a popular remedy for this complaint. They tried the effect on 50 cases of furunculosis, giving powdered tin or the oxide of tin in doses of from 50 cg. to 1 cg. In every case a cure was obtained in from 5 to 14 days. Those who were treated over six months ago have not had any relapse. Hudelo reported the effects of the same powder in a further series of cases, in each of which a successful result was obtained. He gives a mixture of powdered pure tin and oxide of tin, 25 cg. of each, in a cachet."—*Journal des Practiciens,* 2 June, 1917.

Stannoxyl is perfectly harmless, and in the opinion of authorities most competent to judge is extraordinarily efficacious, relapses are unknown, indeed, it is a specific for diseases arising from staphylococcus.—Vide Page XII.

Stannoxyl is a truly scientific production, the value of which has been studied very closely at the Academy of Medicine, the Medical Society, and at the hospitals, etc. The results have been explained at some length in the communications of the Academy of Science, 15th May, 1917. The effect is wonderful; from the second day of treatment the pain is relieved, the carbuncles begin to dry up, those which are just opening are stopped in their course, the core is not expelled but reabsorbed. It is advisable to put a dry protective covering on the remaining carbuncles.

Dominion Medical Monthly
And Ontario Medical Journal

Vol. LIII. TORONTO, SEPTEMBER, 1919 No. 3

Original Articles

VARIABILITY IN VULCANIZATION THE CAUSE OF PSORIASIS

By George Elliott, M.D., Toronto.

Man has a vulcanized skin. Analogy is therefore suggested between human skin and vulcanized India-rubber. Considerable interest and value will be obtained in this connection by a brief historical and descriptive account of the sources and properties of rubber, and the trade process of vulcanization as carried out in rubber industrial plants.

Dr. D. Spence[1], in an article specially written for the official report of the Fourth International Rubber Congress, 1914, states: "In the year 1615, Juan de Torquemada, issued a report in regard to a tree from which the inhabitants of Mexico extracted a milky liquid which the Spanish invaders afterwards used to make their garments waterproof." This milky liquid is known as latex, and comes from certain tropical and subtropical trees and vines, indigenous in America, Africa and Indo-Malay. Sections of these latex-producing plants when examined under the microscope show this milky liquid is found in well-defined, latex-vessels, or canal-like structures, distributed in a definite manner throughout certain parts of the plants, and a scientific knowledge of the distribution of the latex system is essential in "tapping."

When the milky fluid, or latex, itself, is subjected to microscopy, it is found to be an emulsion of minute, oil-like, refractive globules, varying in size, in rapid Brownian movement, suspended in a clear liquor or serum. It is faintly alkaline in reaction like most physiological fluids in metabolic processes. This fluid, Dr. Spence says, resembles milk more closely than has been hitherto believed. Even the acidity developing in fresh latex on standing is said to be analogous to the souring of milk, brought about by similar agencies.

On chemical examination latex is not merely an emulsion of fine caoutchouc globules in water, for it contains besides resins, protein, sugars, alkaloids and several salts of acids. These vary with the botanical sources of the latex. There are also active substances known as enzymes. These are said to be of great importance commercially in the preparation of rubber, and physiologically for the part they play in metabolic processes. They are at once the cause of the acidity of fresh latex and the spontaneous coagulation of the fluid. The dried-up or coagulated latex is the India-rubber of commerce.

Sulphur plays a predominating part in the vulcanization of rubber, formerly by means of carbon bisulphide, but latterly more by chloride of sulphur. Indeed, the largest part of rubber goods is manufactured by this means. There are two distinct processes known in the industry, that by heat and that by cold.

These questions were submitted to the chief chemist of an industrial rubber plant in Toronto, and the following replies elicited thereto:

Q.—What difference is there in the percentage amount of sulphur in hard rubber goods; say mouthpieces of pipes, and softer goods, like surgeons' gloves?

A.—About thirty per cent. sulphur in hard rubber goods; in the lighter grades, such as rubber gloves, no sulphur, but when these are washed in chloride of sulphur solution, a chemical combination takes place between the chloride of sulphur of the wash and the rubber.

Q.—If more sulphur goes into rubber than necessary, what is the result?

A.—It makes the product brittle and dark.

Q.—What is the chemical nature of the grayish dust on rubber goods?

A.—Mostly sulphur bloom.

Q.—Is there any vegetable protein in rubber?

A.—Yes; possibly one to two per cent.

(Spence says Para rubber seldom contains more than four per cent. protein, but the rubber from Manihot or Castilloa latex may contain as much as ten per cent.).

Vulcanization, discovered by Goodyear, renders rubber more elastic, durable, malleable, and resisting, and impermeable. It thus gives to rubber its commercial value.

To the scientists in the rubber industry, vulcanization for a long time has been the great problem, *i.e.*, the nature of the combination of the sulphur with the rubber during vulcanization.

Possibly they have arrived nearer the truth since the theory of depolymerization and repolymerization of rubber which was first advanced by Bernstein after scientific experiments.

Polymerism is defined by Cattell (Lippincott's New Medical Dictionary): 1. Excess in the number of parts. 2. A variety of isomerism characterised by difference of molecular weights, the molecular weights of the polymers (one of the series of polymeric compounds), being multiples or submultiples of each other.

Bernstein[2] claims that rubber must be depolymerized before it can enter into reaction, and that oxidation of the rubber is so brought about by heat, work or light. Under the action of sulphur it is vulcanized by a process of repolymerization. This can be brought about by actinic light. By actinic action less sulphur is required; and the repolymerization of the India-rubber by sulphur he speaks of as a catalytic reaction. The reaction is chemical in cold cure, but in vulcanization by heat or light, nothing definite has been settled. However, of the two theories of vulcanization, physical and chemical, Skellon[3] does not consider it to be by any means a finished work.

Man has a vulcanized skin. In the upbuilding of the epidermis, each cell of the basal or stratum germinativum layer selects and absorbs for its special metabolic function the particular element or elements required from the lymph spaces. By the constant process of mitosis of the cells of the basal layer new cells for the rete malphigi or prickle cell layer are being produced; and by special differentiation finally is evolved immediately above the stratum lucidum, the most perfect horn cell, which might be called the basic layer of the corneum, or what Unna calls the super basal layer of the corneum, he styling the stratum lucidum as the basal layer of the corneum, so dividing the corneum into four layers by reason of each responding differently to staining reaction. Macleod[4] states that the epithelial fibres or prickle cells of the rete persist in these cells and have been transformed into the highly resisting sclero-protein, keratin. A fatty or waxy substance has taken the place of the eleidin and hyaloplasm of the cells, while the spongioplasm in its peripheral parts has also been transformed into keratin. Ranvier[5] considers that the existence of the fatty or waxy substance of the corneal cells, which he likens to beeswax, plus the keratinized prickles and the peripheral parts of the cells make of the stratum corneum a waterproof coating to the body. Hence is suggested the analogy of the skin to a thin coating of rubber.

The keratins are scleroproteins and form the hard structure of hair and nails, in addition to being present in the skin. The chief characteristic of them is the high sulphur content they contain—as much as fifteen per cent. of keratin in human hair, and the sulphur in keratin is generally loosely combined. Moreover, Haliburton[6] says: "The continual shedding of epidermal scales is in reality an excretion. Keratin, of which they are chiefly composed, is rich in sulphur, and, consequently, this is one means by which sulphur is removed from the body."

Macleod in writing on the process of cornification, whereby an epidermal cell is transformed into a resisting horn-cell, states "there is no unanimity among histologists with regard to the process of cornification, and one of the most important problems in the histology of the skin remains yet to be solved. Perhaps closer consideration and a fuller study of vulcanization may lead to a solution of the problem. Cornification or natural vulcanization may make of the corneal layer a factor in the elasticity of the skin, which may not be altogether attributable to the collagenous fibres, which are now believed to have greater elasticity than the elastic fibres of the corium.

The histo-pathology of psoriasis is thus described by Macleod: Psoriasis is the classical example of slight oedema of the epidermis, with "parakeratosis." The cardinal feature in the histology of a recent papule of psoriasis may be thus briefly tabulated:

1. Dilatation of the blood vessels chiefly affecting the veins of the papillary and sub-papillary layers of the corium.
2. Elongation of the papillae.
3. Cellular infiltration and oedema of the superficial layers of the corium.
4. Proliferation of the prickle cell layer, with down growth of the interpapillary processes (acanthosis).
5. Dilatation of the interepithelial lymphatic spaces.
6. Deficiency of the transitional layers and imperfect cornification.

A striking feature of the picture of a section of a recent papule is the collections of broken-down leucocytes between the horny lamellae. The cells in the horny lamellae are moist, retain their nuclei, but are deficient in keratin. These horn-cells are soft and pliable and adhere together in squames and lamellae, so cannot usually be rubbed off separately. In perfect cornification dry squames or cells are constantly being shed. There is no actual, or parenchymatous, oedema of the prickle cells. The granular layer of the epidermis and the stratum lucidum are

absent; so too are keratohyalin granules and eleidin droplets invisible. The basal layer of the epidermis is everywhere perfect.

Sulphur is ingested in organic and inorganic form, but it is organic sulphur which is of interest here. It is principally incorporated in fibrin, egg albumen, casein, corn, turnips, cabbage, cauliflower, asparagus, white bread, brown bread, apples, pears, gooseberries, onions, celery, potatoes, etc. In the final digestion of the protein products in the alimentary canal, just before absorption into the blood stream, the only amino-acid of special and significant importance in this connection is cystin; because all the sulphur ingested is gathered into the cystin molecules, and in these the sulphur is loosely combined.

Chipman[7] makes this significant remark: "When the amount of nitrogen eliminated is less than received in protein there is evidently a storing up of nitrogenous substance." As the excretion of sulphur parallels the excretion of nitrogen, may not this too apply to sulphur? "The sulphur of protein is contained in the amino-acid cystin, and cystin is absolutely necessary for nutrition. A satisfactory protein ration must include such proteins as contain cystin in sufficient amount." And further: "Cystin is of importance in metabolism, because it is the only known sulphur-containing amino-acid in the protein molecule."

In addition to the elimination through the urine, and in the stools, sulphur is eliminated in the skin excretions. Small quantities are also cast off through the growing nails and growing hair, by clipping. "The amount of sulphur passing through the skin is estimated at 30mg. per day."

Cystin, according to Plimmer[8], is present in greatest amount in some of those proteins belonging to the group of scleroproteins, namely, the keratins. It has been found in the liver and other organs.

When absorbed into the blood stream from the alimentary canal, no evidence has been obtained that cystin has undergone any change as such. Indeed, one author, already quoted, speaks of cystin as being present in that state in the liver, but whether in the liver cells, or blood vessels, was not made clear. It is known, however, that taurocholic acid, which contains sulphur, originates there, and that it is thereafter in the blood stream, as, according to Croftan[9], all white blood corpuscles contain taurocholic acid. It is also known that sulphur is present in haemoglobin.

Thus when the blood arrives in the vessels of the *pars papillaris* it is in close contiguity to the layer of basal cells of the epidermis,

the stratum germinativum, each of which cells, like all other cells of the body, extracts from the lymph spaces surrounding them, the essential element or elements for their metabolism.

Three striking features of the sectional histo-pathological picture are: the disintegrated white blood corpuscle collections among the cells of the corneum, or as they have been called the cold or chronic abscesses of that layer; the increase in the number of prickle cells, especially in the interpapillary spaces, or bodies, being absent over the apices of the cones; and the absence of any parenchymatous oedema of the prickle cells. Now recall here the fact that when too much sulphur goes into the vulcanization of rubber, it becomes brittle. Have the white blood corpuscles carried too much sulphur to the prickles of the rete, so that they become brittle and fail to keratinize, or vulcanize? Is the increase in cellular production of the interpapillary body an effort on the part of nature to take up and assimilate the surplus sulphur—a "speeding-up," as it were?

To what is the silvery color of the corneal squames due in psoriasis? Whether it has been absolutely proven or not, opinion holds to the presence of air amongst the cells. Might it not be due to the escape of SO_2?

Thompson[10] is interesting in this place. "The sulphur vapor is highly irritating"—there is irritation in psoriasis. "The vapor is liberated in . . . bleaching various products. . . . Sulphurous acid is used as a bleaching agent . . . and is employed in bleaching . . . . animal tissues, as wool, hair, bristles, feathers, down"—substances which contain keratin in considerable percentages. Small quantities, minute amounts of SO_2 do not emit odor, so there would be no odor from a psoriatic skin. It appears quite reasonable to assume, therefore, that sulphur vapor is liberated, irritates the epithelial layers, and bleaches the squames.

Something about the excretion of sulphur other than by the skin should be noted, particularly through the channel of the kidneys. As is well known, it appears in urine, according to Croftan, either in combination with alkali, or with certain aromatic constituents of the urine, together with that portion of sulphur which seems to escape oxidation into sulphuric acid and which forms complex compounds, such as cystin, etc. This portion of sulphur is known as "neutral sulphur compounds." Therefore, there are in the urine preformed or mineral sulphates, conjugate or aromatic or ethereal sulphates, and the neutral sulphur compounds. Of the preformed sulphates but a small

quantity is ingested with the food, the bulk of them being derived from the catabolism of the food or tissue albumen, *i.e.,* the total sulphur is largely dependent on the degree of intercellular disassimilation of albumen. The bulk of the aromatic sulphur is derived from putrefaction of albumen in the bowel. Croftan further says that " as the bulk of the urinary sulphates is derived from the metabolism of albumen, the sulphate excretion gives us some information in regard to the degree of disassimilation of albumen in the body. The sulphur of the urine consequently partakes of the same significance as the urinary nitrogen. Whereas, however, all albumens contain the same amount of nitrogen, they do not all contain the same amount of sulphur (0.8 to 2.1 per cent.); consequently a change in the kind of albuminous food eaten will determine a change in the sulphur excretion but not in the nitrogen excretion, provided the quantity of albumen remains the same."

Schamberg[11], who has done considerable and exceptionally original work in psoriasis, Ringer, Raiziss, and Kolmer, have shown that psoriatics tend to retain nitrogen in the skin, as well as in the system generally, but apparently have overlooked, or wholly disregarded, any part which might be assigned to the role of sulphur. Is there, then, in psoriasis, an overcharging of the cutaneous system with sulphur, a diminished excretion of sulphates, and an aberration in the requisite sulphur content which fails to produce the exact vulcanization of the normal skin?

Some concluding remarks would seem to confirm the theory of variability in vulcanization of the skin as the cause of psoriasis. Although a case or two of psoriasis of the buccal mucous membrane has been reported, it is not possible for such to occur for there is no cornification of the squamous epithelium, and consequently, no keratin or sulphur required in that situation.

From the microscopic study of a saggital section of the lower lip of a child, Krause says: " A different picture presents itself in the epithelium of the mucous membrane (schlep). We first notice its great size. It consists of many more strata of cells than did the epidermis and, while there is some horny material in the most superficial layers, there are no non-nucleated horny scales, thus keratosis is incomplete."

There is a deficiency of keratin in the scales of psoriasis, and the nuclei persist in these, which distinguishes hyperkeratosis in which the nuclei are absent, from parakeratosis in which the nuclei persist.

As a rule psoriasis appears on the colder surfaces of the body, the extensor surfaces; it tends to get well with warmth and sunlight. In the tropics it is said to be very rare, scarcely, if ever, occurring. In the Southern States, it is about one to two per cent. of all skin diseases—and it is said to be extremely rare in the negro race, who can quite likely take care of all sulphur ingested and convert it into melanin which is a keratinised product. In the temperate regions, its incidence is about four to five per cent. of all other diseases of the skin; whilst in Scotland and Iceland it is about eight per cent. Practically all patients with psoriasis are large consumers of the food stuffs in which sulphur abounds; and the nitrogenous foods are now pretty generally prohibited in patients with this disease. It has been noticed to disappear more rapidly during confinement to bed with warmth, and in training for athletic contests.

One digression: In fevers, such as typhoid and possibly influenza, there is a rapid excretion of sulphates in the urine, and often rapid falling of hair as a result. This needs further investigation. Indeed, the entire role of sulphur in the economy seems to be worthy of further study and experimentation.

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And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH

Psychology in Medicine is going to occupy a prominent and outstanding position. This may be not altogether due to the Great War, but added impetus has been given to it by observations and investigations carried on by many who have had opportunity to investigate under war conditions. Not only is this apparent in writings in the medical press, but in the secular press as well. That all persons live some kind of emotional life is patent and many live almost nothing else. The problem to solve will be the tracing of these emotions to a scientific anatomical and physiological source, and their influence upon the individual in health and disease. Their power in producing disease will be intelligently explored.

It has been customary in text-books to gloss over the influence of the emotions, to barely mention them, thus leaving the significance of them to individual perception, and whatever effects are produced to mental or physical functions.

It has been said that there are three primary emotions—pleasure, pain, desire or appetite, though the two latter may be not

exactly alike. Such secondary emotions, as joy, love, pride, fear, grief, anger, self-elation, rivalry, etc., may all be traced to either of these three primary emotions. We shall learn in the future to be precise in reading the expression of the emotions on the human countenance, to learn the influence of these upon the functional activity of particular cells, whether in the brain, cord, or digestive apparatus; and further learn what remedy psychology has to offer.

We shall be able to learn that emotions of all kinds are perhaps contagious, their influence upon families, upon crowds, or mobs, which has hitherto baffled the scientific mind. For instance we shall learn better how it is that a detrimental emotional disposition in one member of a family may leave its stamp upon an entire family. We shall, therefore, not carelessly or thoughtlessly communicate our mental disorders to others any more than we should communicate our physical ills to them.

We have heard of late much of efficiency and of inefficiency. When we better understand the cause, that is the mental or physical cause, of the lack of faith that inhibits concentration of intellectual or physical power, physicians will the better be able to advise patients with a "weak backbone."

Physicians will the better study the intimate connection between mental and physical health, and profit by applying their psychology in daily life. We shall treat our patients more through teaching the importance of good food, that is dieting, deep breathing, good circulation, refreshing sleep, exercise—factors all too frequently passed by for the pill and the potion.

The physician's relation to church, clubs, social bodies, to political activities, industry, agriculture, education, to business in communities, to the legal and criminal conditions of the country, will gradually take on a new aspect, a new viewpoint, a new environment. We shall each learn to realize what great an echo he is. We shall learn to build our men and women by the forebrain, rather than the hind-brain, plan—the "long" head rather than the "square" head.

ENCEPHALITIS LETHARGICA

(Continued from August issue)

Lieutenant-Colonel S. P. James (Local Government Board) said that Sir Arthur Newsholme had authorized him to give a brief summary of the results of an inquiry into encephalitis lethargica recently carried out by the medical staff of the Local Government Board in collaboration with the Medical Research Committee. Owing to printing difficulties the issue of the report of this inquiry had been greatly delayed. The summary he gave was abbreviated from Sir Arthur Newsholme's general review which prefaced the report. In its initial stages last April the inquiry was concerned chiefly with an investigation of the hypothesis that the illness was a manifestation of botulism. In connection with that view Dr. J. McIntosh, on behalf of the Medical Research Committee, carried out a complete bacteriological investigation, and Dr. G. C. Hancock and Dr. Pearse, of the Food Branch of the Board's Medical Department, personally investigated, from the point of view of a possible food origin, 58 cases reported up to May 7. The result of these preliminary inquiries was that neither on the bacteriological nor on the epidemiological side could any direct or indirect evidence be obtained of an association of the illness with the *Bacillus botulinus* or with infection from food. In addition to proving that the illness was not due to food, the results of the preliminary inquiry pointed to a possibility that it might be one of the many forms of the disease, or group of diseases, to which nosologists at present attach the indiscriminative label, "Heine-Medin'sche Krankheit," of which infantile paralysis—officially termed acute poliomyelitis—was the commonest type of illness. It was found, however, that from infantile paralysis the present illness differed very strikingly, not only in the localization of the paralysis and some other equally obvious signs, but in its age incidence, seasonal prevalence, course, duration, and fatality.

In these circumstances it was decided to carry out a more complete clinical and epidemiological study of the illness than had been attempted in regard to the first 58 cases. The Public Health Department of the London City Council agreed to investigate all cases in the London area. Up to the end of June the number of cases in the London area inquired into was 107, and the number in the provinces was 121. Apart from these special inquiries, Dr. A. S. McNalty was deputed to undertake a detailed personal study of the

clinical symptoms of the illness, conferring with Sir William Osler, regius professor of medicine, University of Oxford, and with Major George Draper, of the United States Army Medical Corps, who examined and reported on cases in Birmingham, Leicester, Oxford, and other localities. On the bacteriological side, in addition to the research in connection with a possible food origin, the problem of the nature of the illness was attacked from the point of view that the virus might be closely allied to, or perhaps identical with, that of acute poliomyelitis; and in this line of research animal experiments were begun as soon as the necessary monkeys could be obtained. In addition, Sir Walter Fletcher, F.R.S., secretary to the Medical Research Committee, secured the services of Professor G. Marinesco, of Bucharest, for the examination of specimens from fatal cases of the disease.

RESULTS OF INVESTIGATION

The accounts given by all these observers might be summarized very briefly as follows: 1—For identification and description it was decided to follow von Economo in terming the illness encephalitis lethargica, a name which had the right of priority and indicated a characteristic clinical feature. 2—Dr. McNalty, from his clinical study, concluded (*a*) that in its essential primary features the illness had a characteristic and constant symptom of its own; (*b*) that between this symptom series and that of the rare forms of poliomyelitis with which alone it could be confused the clinical differences were more marked than the resemblances. 3—The results of the epidemiological inquiries were to the effect that encephalitis lethargica was not a form of acute poliomyelitis, and that its presence and epidemic prevalence depended on conditions other than those necessary for the presence and epidemic prevalence of that disease. 4—Both Professor Marinesco and Dr. McIntosh, as a result of their separate researches, arrived independently at the conclusion that encephalitis lethargica, as it appeared in the present outbreak, was identical with the illness described by von Economo in Austria and Professor Netter in France, and that it was a disease *sui generis* anatomically and clinically distinct from analogous affections.

It still remained to ascertain what the nature of the disease was rather than what it was not. Various hypotheses had been suggested by different workers engaged in the inquiry, but the view which appeared best to agree with present knowledge was that encephalitis lethargica was one of a group of diseases in which, as in cerebro-spinal fever and acute poliomyelitis, the pathogenic agent

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was much more generally present in the human organism than the clinical evidence implied. As regards cerebro-spinal fever, this was no longer a hypothesis, but a well-established observation. In that condition the specific reaction named cerebro-spinal fever arose in one or other of two ways: first, as the result of a breakdown in the immunity to the effects of the virus which the individual who harbored it had up to that time enjoyed; second, as the result of a non-immune person becoming infected with a strain of the virus which had attained the degree of pathogenic action described as specific. During severe epidemics evidence could sometimes be obtained that cases of cerebro-spinal fever arose in both these ways, but during inter-epidemic and mild epidemic periods it was seldom or never possible to obtain evidence that the illness was infectious, as at such times cases of the disease were always scattered sporadically, and, except the patient himself, they cannot be traced to any known source of infection.

This was the view that best explained the irregular, widespread, sporadic distribution of encephalitis lethargica. Until further research yielded precise information we might assume that many people harbored the organism of the illness—perhaps as a harmless saprophyte, perhaps as a "conditional parasite," perhaps in the stage when it must be termed a "specific pathogenic" parasite—and that in certain of these persons there occurred for some unknown reason either an enhanced virulence of the parasite or a lowered resistance of the tissue cells, or both, the result being that the stimulus of the parasite overcame the resistance of the tissue cells and the host suffered from the effects of the virus which previously he had harbored with impunity. This explanation implied that the key to the problem rested not in the purely bacteriological view of the causation of disease, but in the wider view that disease resulted from the interaction of several factors, of which changes in the properties of the tissue cells on the one hand, and in the provoking stimulus or pathogenic agent on the other, were the chief. The view emphasized the role of the individual in the origin and progress of the disease, and the practical indication would seem to be to enlist all the resources of personal and public hygiene in an endeavor to influence favorably the potential energies of body and tissue cell resistance, especially in individuals who might seem to be predisposed to a disease of this nature if they happened to become a host of its parasite. At the same time, it was clearly of importance to pursue research, both to ascertain what pathogenic agent was concerned and into the factors of individual predisposition and correlated resistance, the variations of which

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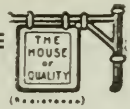
were subject to so many influences. The first necessity for these studies was early and complete information of all cases of the disease in different parts of the country, and for this reason the Local Government Board had decided, as a temporary measure, to make encephalitis lethargica compulsorily notifiable for a period of one year.

Colonel James then reviewed briefly the relevant epidemiological data collected up to the end of June, and thought that the evidence adduced, in both quantity and kind, supported the conclusions (1) that the illness under consideration was not a form of acute poliomyelitis, (2) that its purpose and its prevalence in epidemic form depended on conditions other than those necessary for the presence and epidemic prevalence of that disease. He displayed charts comparing the seasonal incidence of poliomyelitis and encephalitis lethargica and maps comparing the distribution of the two diseases.

EPIDEMIOLOGY

Dr. W. H. Hamer pointed out that, just as in 1915, the so-called epidemic of cerebro-spinal fever was really only a small part of an influenza prevalence; so in the epidemic encephalitis of the spring of 1918 a particular cluster of symptoms was once more being singled out for scrutiny, and that here, again, the epidemic, so-called, was merely part and parcel of a prevalence of influenza. During the last ten years evidence had been collected, however, clearly showing a close association between outbreaks of poliomyelitis, polioencephalitis, cerebro-spinal meningitis, and prevalences of influenza. He referred to Brorström's demonstration of the influenzal nature of poliomyelitis, to the London evidence relating to the common origin of cases of influenza and of cerebro-spinal fever, and to the similar conclusions arrived at by an army bacteriologist from study of the 1915 outbreak in camps. The proof that epidemic lethargy was no new disease was writ large in Heeker and in Creighton, and was now being followed out in detail by Dr. Crookshank in his Chadwick lectures in course of being delivered. In spite of all this there was a disposition, in some quarters at the present time, to claim that the epidemiological teaching must be brushed on one side, and reliance placed exclusively on niceties of laboratory technique. In view of the fact that "Spanish influenza" had followed hard on the heels of epidemic encephalitis, he ventured to plead, once again, for the epidemiological point of view. These "new diseases" could not be completely understood by making cell counts and cultivating various strains of organisms; nor



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fully comprehended by insisting on the fact that particular structures had been picked out in the cerebro-spinal nervous system, and that the lesions were here at one level and there at another; nor satisfactorily explained by focusing attention on some particular sign or symptom, whether it were sweat, lethargy, paralysis, an exanthem, or some evidence of involvement of the pulmonary, nervous, or gastro-intestinal systems, and by considering each phase of the epidemic prevalence in relation thereto and studying it apart from all the other phases. Recognition of the epidemiological point of view really implied, he submitted, a return to Sydenham's method. Creighton had declared that there was something more than accident in the association between epidemics of influenza and epidemics of "ague." Study of the last-named showed clearly that they were not, of course, outbreaks of malaria, but precisely those very gastro-intestinal, pulmonary, and nervous manifestations which we were now beginning to realize actually constituted part and parcel of influenza prevalences.

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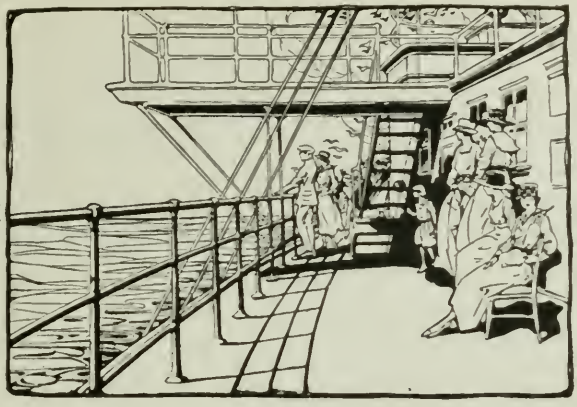

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News Items

Dr. W. Warner Jones, Toronto, is recovering nicely from a double mastoid.

Dr. Ridley Mackenzie, of Montreal, has taken up practice in London, England.

Dr. Walter McKeown has returned from overseas and is at present domiciled in the Queen's Hotel.

Dr. George W. Badgerow, C.M.G., London, England, is spending a month with his parents in Toronto.

Dr. George W. Ross, Toronto, has returned from five months in the Southern States, much improved in health.

Dr. B. P. Watson, professor of obstetrics in the University of Toronto, has returned from a trip to Belgium. He was accompanied by his wife.

Dr. Graham Chambers, after four years and three months overseas, has returned to Toronto and resumed practice at 26 Gerrard Street East.

General John Taylor Fotheringham is medical officer to His Royal Highness, the Prince of Wales, during his visit in Canada and the United States.

Dr. E. T. Adams, Toronto, who was with the Sanitary Corps of the Canadian Army in France two years, has been appointed medical officer of Health for the Windsor, Ont., district.

Dr. Wm. B. Hendry returned recently in command of the University of Toronto Base Hospital. He has been appointed associate professor of gynecology in the medical department.

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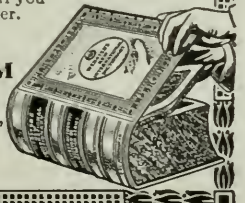

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Reviews

Dietotherapy—Nutrition and Diet in Disease. By William Edward Fitch, M.D., Major, Med. Reserve Corps, U.S.A. and Forty Contributors. Volume III. New York and London: D. Appleton & Co.

Amongst the well-known men contributing to Volume III of this comprehensive work, are found Geo. F. Butler, George W. Crile, Alfred C. Croftan, William P. Cunningham, Graeme M. Hammond, Robert C. Kemp, Frank Guthrie, Karl Von Ruck and Tom A. Williams, which guarantees much good material in this volume. It is set out in the following chapters: Diet in Disease; Diet in Diseases of the Stomach; Diet in Diseases of the Intestinal Tract; Diet in Diseases of the Liver; Diet in Diseases of the Respiratory System; Diet in Diseases of the Blood and Blood-making Organs; Diet in Diseases of the Circulatory System; Diet in Diseases of the Nervous System; Diet in Diseases of the Genito-Urinary Tract; Diet in Diseases of the Skin; Diet in Infectious Diseases (so complete as to command sections by different authors); Diet in Diseases of Metabolism; Diet in Diseases of the Ductless Glands; Diet in Certain Unclassified Diseases; Diet in Diseases Caused by Animal Parasites; Diet in Various Toxic Conditions; Diet in Deficiency Diseases; Diet in Diseases of the Pancreas; Diet in Malignant Disease of the Alimentary Tract; Diet in Diseases of the Peritoneum; Diet in Mental Disorders; Diet after Surgical Operations; Diet in Chronic Intestinal Stasis—before and after operation; Diet in Diseases of Children; Diet During Convalescence; Special Methods of Feeding; Dietaries for Hospitals and Asylums; Ready Reference—Dietetic Guides. There are 8 illustrations in this volume.

Thus have been set forth in the July, August and September issues of this journal the full and complete scope of this admirable and exhaustive work, which hitherto has not been equalled by any author and publisher.

The old Toronto Hospital for the Insane on Queen Street West will be finally vacated in about three months' time. The patients are being gradually removed to the Whitby institution, which for two or three years has been serving as a military hospital. There are said to be about 1,000 inmates in the Queen Street hospital still to be removed.

Dominion Medical Monthly
And Ontario Medical Journal

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Original Articles

LAENNEC—ONE HUNDRED YEARS AFTER ADDRESS IN MEDICINE*

By William S. Thayer, M.D., Baltimore.

(The Canadian Medical Association Journal.)

At the outset, let me tell you how deeply I appreciate the honor that you have done me in inviting me to address you—with what happiness and satisfaction I appear before an audience of Canadians. That broader sense of patriotism which links us all to the Mother Country which is as much mine as yours, has suffered much in the five years that have passed. But despite the noisy discord of ephemeral politics, that which has happened has, I think, drawn closer about us the bonds of a common ideal and a common inheritance which we cannot and would not escape; and the aureole that to-day surrounds Canada in the eyes of every American who deserves the name, can never fade.

"μεγα δὲ μέρος ἡγεῖται τῆς τέχνης εἶναι τὸ δύνασθαι ὀζοπέιν"

"The power to explore is to my mind a great part of the art."
—Hippocr. epid. III

These words appear on the title page of Laennec's "*Traité d'auscultation mediate*," which appeared just an hundred years ago. It is fitting for more reasons than one that we pause on this notable anniversary and consider, for a moment, the man and his work, for there are lessons therein which we may well take to heart. Réné-Théophile-Hyacinthe Laennec was born on the 17th of February, 1781, in a stone house which fronted on the charming quai

*Delivered before the Canadian Medical Association, Quebec, June 26th, 1919.

that borders the little port of Quimper in the Department of Finisterre in Bretagne.

His father, Théophile-Marie Laennec, was a light and airy personage—a lawyer by profession, a courtier by nature, a furious framer of mediocre verse, through which he curried favor with the great and the fair, an indefatigable office-seeker, a prolific professor of lofty and exemplary sentiments and advice of which he himself was a sufficiently poor exemplar; a futile but withal an entertaining person—a singularly anomalous and ill-chosen father, however, for a serious and distinguished son.

Laennec had two uncles, one, Michel, a prelate, who died an émigré; the other, Guillaume-François Laennec de la Renardais, a physician of Nantes, to whom Laennec owed much. His mother Michelle Gabrielle Félicité Guesdon, of Quimper, of whom little is known, was an Angevine by descent, and came from a family of some literary distinction; she died five years after his birth.

After his mother's death, Théophile was sent with his brother by his happy-go-lucky father first to his uncle Michel at Elliant, and a year later, on the latter's removal to Tréguier, to his uncle Guillaume at Nantes. Guillaume Laennec was a fine and sturdy character, a graduate in medicine at Montpeillier, who had studied previously in Paris, and with John Hunter in London. He was at this time rector of the University of Nantes. The two boys were taken into his house and cared for as members of his own family. For Théophile especially his uncle grew to have a deep and lasting affection, which was manifested throughout his life. Laennec's early instruction was gained at L'Institut Tardivel and the Collège de l'Oratoire, which, for the year '91-'92, was under the vigorous direction of no less a personage than le P. Fouché de Rougerolles, then on the threshold of his eventful career. In August, '92, he gained the accesits of two prizes of honor, and a first prize in composition—French translation.

At this time, to the dismay of his uncle, Théophile was already writing verse. In these days when the air is rent with protests at the burden and the waste of time involved in the acquisition of a smattering of Latin by our boys who are to pursue a career requiring knowledge of the natural sciences, it is not uninteresting to read (Rouxeau) a charming metrical translation of the first eclogue of Virgil, written by a boy under twelve years of age.

But rhyming was not his only distraction; he appears to have been a boy in every sense.

The Revolution followed its course. The guillotine was set up in the square under the Laennecs' very windows. Uncle Guil-

laume became a surgeon in the army. But Théophile tranquilly pursued his studies, and graduated in 1795. At about this time, his father married for a second time, Geneviève-Alice-Julie Urvoy de St. Bédan, the widow of an émigré. Renouncing the temptation to which he almost surrendered, to join the engineers, Théophile began the study of medicine at L'Hôtel Dieu of Nantes.

Here, actively engaged in the lesser duties of military surgery, he became deeply interested in natural history in all forms, roaming about the country and devoting himself to his collections. He had also developed an enthusiasm for Greek, to which he gave special attention. Alert, active, ambitious, he was filled with the desire to perfect himself in various arts and graces, such as riding, dancing, music—studies, the pursuit of which was difficult with the scant means afforded by his scatter-brained parent.

In 1798, he passed through a severe illness, which may well have been a typhoid fever.

In the insurrection of 1800, Théophile took part in the military expedition of General Grigny in le Morbihan. While stationed at Vannes and at Redon, he composed a long poem, humorously describing the expedition. This was supposed to be the product of an ancient Celtic bard, Cardoc, translated, after years of effort, by its discoverer, Cenneal (Laennec), and was entitled "La Guerre des Venêtes." On his return, Laennec entered the military hospital as an army surgeon of the third class.

At this time his uncle had long been struggling to induce the recalcitrant father to supply the funds necessary to enable the boy to pursue his studies in Paris, but it was not until April, 1801, that Théophile joined his brother "Michaud" at 947 rue St. Dominique d'Enfer, and entered the Ecole spéciale de Santé, as the Ecole de Médecine was then known. The two main schools of clinical medicine in those days were that of Corvisart at the Unité (Charité) and that of Pinel at the Saltpêtrière. Under Corvisart, Laennec began his studies. It was a fortunate choice. Corvisart had a well-organized clinic where (Rouxeau) "each morning in groups the students were trained in the examination of patients, while the observation was completed wherever it was possible by those careful and methodical necroscopical examinations, the taste for which Corvisart contributed so much toward spreading in France." Here Théophile found himself thrown with Bayle, for whom he developed early a warm attachment.

From the outset, Laennec was a marked student, and was soon made a member of the Société d'instruction médicale. At twenty he was an accomplished student of English, German, Latin and

Greek, and beside following the clinic at the Charité, and the last inspiring course of Bichât, on pathological anatomy, he found time to attempt to perfect his Greek at the Ecole Centrale des Quatre Nations. In 1801, he was also admitted to the Ecole pratique, where he studied under Duméril, Chaussier, Fourcroy, Deyeux, Hallé, Pinel, Bourdier, Peyrilhe, Richard, LeClerc, and Cabanis. He also worked with Dupuytren in his studies in pathological anatomy.

From the outset Laennec kept careful and detailed notes of all his observations and lessons, and among his papers is an interesting shorthand record of the celebrated debate in connection with Bayle's inaugural thesis.

His first medical communication was published in the *Journal de médecine de chirurgie et de pharmacologie* " for June, 1802, entitled, " Observation sur une maladie du cœur, ossification de la valvule mitrale, dilatation du ventricule droit, avec affection de la poumon et du plêvre gauche." A month or two later, Laennec published an analysis of Bell's work on gonorrhea and venereal disease, and in the same year, an account of a group of cases of peritonitis. This last publication marks an epoch in medical history, setting forth clearly and sharply the clinical and anatomical features of the disease touched upon by Bichât, but as yet unrecognized clinically. This remarkable work was the beginning of a series of contributions, anatomical and clinical, which have been equalled by few men in the annals of medicine.

At the time his labors were especially devoted to the study of normal and pathological anatomy. In association with Bayle, he began to work with Dupuytren on his treatise of pathological anatomy—work which was soon to be broken off, owing to misunderstandings with the former. From this time on his publications were frequent and important. In February, 1903, there appeared a " Note sur une capsule synoviale située entre l'apophyse acromion et l'humérus," the discovery and accurate description of the subdeltoid bursa, the surgical importance of which has been recognized in such recent days.

A little after this he described the fibrous capsule of various abdominal organs, especially that of the liver, which was as yet unknown as distinct from the peritoneum. In the distribution of prizes to the "Ecoles spéciales de Paris," in September, 1803, Laennec obtained the first prize in surgery, and shared the first prize in medicine with Billerey. Later, at the Concours of the Ecole pratique, the announcement of his candidacy had so disturbing an effect in preventing others from coming forward, that at the

special request of his instructors, he withdrew his name, and took a position " hors de concours". Already his success was so great that he started a small course in pathological anatomy on his own account, and determined to write a treatise upon the subject.

A member, at its inception, of the *Société anatomique,* he was a constant contributor, his most important communication being his " Mémoire sur les vers vésiculaires," etc.

As ever, the careless father was negligent in providing for the industrious son, and Laennec's work was associated with constant worry as to matters of finance. But finally, in 1804, he was able to pass his examinations and present his thesis, which was entitled. " Propositions sur la doctrine d'Hippocrate rélativement à la médecine pratique." In this interesting document, Laennec showed his familiarity with the Hippocratic writings, which, happy man, he read more or less fluently in the original. The thesis is replete with wise observations. He begins with the quotation: "Medicine is not a new science. For a long time its principles have been established and its path traced. By following these through long years, many valuable and useful discoveries have been made, and every one who, endowed with the necessary qualities, knowing that which has been done before him, starts from this point and follows the same route, will make new contributions. But he who rejects the work of his predecessors and, disdaining all, pursues his studies by another route, and with another point of view, and thinks he has found something, he deceives himself and deceives others."

He points out the necessity of the proper classification of disease on a basis of pathological anatomy, of the vital importance of the study of diagnosis by careful observation and correlation, not only of the general symptoms on which prognosis depends, but of the special symptoms associated with each disease process. " The only method by which one can acquire solid knowledge in medicine depends on avoiding the adoption of any principle which is not proven by many individual facts, by studying with care the characters and the course of diseases, and by treating them according to the indications drawn from the observation of that which has succeeded in like cases. This is the method which Hippocrates asserts to have been known long before him, which he regards as the only way by which one may make real discoveries."

He ends with the words of Klein (*Interpres Clinicus*): "I assert that medicine is free. I place myself neither with the ancients nor the moderns, and I follow the one (party) as well as the other when they cultivate the truth; yet more often, I repeat, my-

self, their observations." Wise advice for the day in which it was written, wise, if not taken too literally, for all time.

Théophile Laennec had already won the recognition of his masters and associates. He was made a member of the Société de l'école de medicine and became an editor of the *Journal de médecine*, etc. He took up the torch from the hands of the dying Bichât, and his studies of pathological anatomy were worthy of his great predecessor. The work on peritonitis was a classic both anatomically and clinically. In 1805 he published a note on pathological anatomy in which he sought to set forth a system of classification of organic changes—an interesting and valuable communication which led to a long dispute with Dupuytren. At about this time he became chiefly interested in the study of the Celtic dialect of lower Brittany, of which eventually he acquired a considerable knowledge. He published frequent critical reviews and an annual summary of the diseases prevailing in Paris—a duty which brought him into close touch with the Hôtel-Dieu and the St. Louis, as well as the Charité. But already his hard work had told upon him seriously. That which he called his "asthma" disturbed him greatly, and the rest he needed he could not take. A happy vacation of several weeks in 1805 with his cousin, Madame de Pompery, at Courcelles, near Soissons, did much to freshen and strengthen him. Rouxeau publishes a number of amusing verses and extracts from plays which Théophile seems to have written during this short vacation with surprising facility and spontaneity.

In 1808, Laennec retired from the *Journal de médecine*. He was beginning to acquire a practice of his own.

In 1809, the *Ecole de santé de Paris* became the *Faculté de médecine;* Laennec was a doctor of the new school.

In 1812, he was named Alternate Physician ("médecin suppléant") at the Beaujon.

In 1814, he was at the Salpêtrière, where his knowledge of Gaelic was of the greatest help to him in caring for and consoling the young Breton conscripts, who, unable to make themselves understood, were distressingly homesick.

He had become the great authority on pathological anatomy, and in the *Dictionnaire des sciences médicales*, he wrote on "Anatomie pathologique, Ascarides, Cartilages accidentels, Crinon, Cucurbitains, Dégénération, Dégénerescence, Désorganization, Ditrachyséros ou bichorne rudy, Encéphalòide, Fibreux, Fibrocartilages accidentels, Filaire, Furie infernale."

In 1816, Laennec was appointed Chief of Service at the Neckar, where he gathered about the bed-side a group of devoted students. It was here at the Neckar that his great discovery was made. Every one knows the story; how one day in 1816 he noticed boys at play in a court of the Louvre who, with the ear applied at the extremities of long pieces of wood, listened to the transmission of the sound of a pin scratch at the opposite end: how, on the following day, he rolled a notebook tightly, and placing one end against the chest of a patient, was delighted to find that he could hear the heart beats more clearly and distinctly than he had been able to hear them with the naked ear. Soon he devised his simple wooden cylinder and began his researches. It was, after all, a natural step. Up to the time of Bichât and Laennec, despite the work of Morgagni, little had been known of the pathological changes in organs. Laennec, a great observer, imbued with his new knowledge of pathological anatomy, had his eyes wide open for something more than that which percussion and inspection and mensuration could give: and the acute mind found the way.

What Laennec did with his discovery is a model for all time. In the three years that followed, he had brought before the world the characters of normal respiration and voice sounds, and their variations, with different physical changes in the constitution of the lungs as clearly as they may be taught to-day. But more than this, he had described anatomically and clinically the various forms of bronchiectasis, emphysema, pulmonary edema and pulmonary apoplexy.

The description of pneumonia from an anatomical standpoint is almost as admirable as the demonstration of the method by which its presence could be determined clinically. Again his description of the different forms of pulmonary tuberculosis, in ward and laboratory, the recognition of the possibility and manner of arrest of the disease, are models of acute observation and understanding. His contributions to the diagnosis of diseases of the heart are not upon the same plane, owing, doubtless, as Saintignon points out, to the circumstance that the physiological explanation of the heart sounds and their significance was at that time unknown. Starting with the false hypothesis that the second sound was auricular in origin, he never found his way out of the jungle.

This was wonderful work for one man. How was it done? Laennec tells in his own words in the preface to his book: "When a patient enters the hospital, a student is given the task of col-

lecting from him what anamnestic information he can give as to his disease and of following its course. As I examine the patient myself, I dictate the principal symptoms that I observe, those, especially, which may go to establish the diagnosis or the indications as to treatment, and I give my conclusions, subject to amendment, if it be necessary, by later observations. This dictation, which is made in Latin for obvious reasons, is taken down by the pupil in charge of the patient, and, at the same time, on a separate notebook, which I call the "diagnostic sheet," which it is the special duty of another pupil to keep in order that he may hold and read it to me, if necessary, at each visit. When any new sign appears, such as may modify the first diagnosis, I add it also. If the patient dies, the protocol of the necropsy is taken by the pupil in charge of the observation. I re-read these observations before all those present at the necropsy, and if there be occasion to make any correction, I do it on the spot, and after having taken their counsel."

Laennec's visits, according to one of his pupils, Toulmouche, lasted from an hour to an hour and a half. He invited his colleagues and friends to interesting necropsies, and he always committed himself before the necropsy in the presence of all as to the changes which he expected to find. There could be no better model for study and instruction.

In May, 1818, Laennec spoke before the Société dé l'école on auscultation, and finally, in August, 1819, just a hundred years ago, the famous "Traité d'auscultation médiate" appeared. It made a great impression, and although seriously criticized by some, it was soon taken up by the world.

Laennec was small and delicate of frame. "Little Laennec," "the little Professor," his fiery adversary, Broussais, called him. But he was spirited and devoted to outdoor sports, especially to hunting, for which some of his rich patients gave him opportunities on their estates. During the winter he practised in his apartment with an air-gun. Frail as he was, he was especially proud of his prowess in athletics of all sorts. "He was but a breath of air," says Pariset, "and he thought himself a Hercules." He was musical, and played the flute. He drew fairly well, and amused himself at other times at the turner's table. But the scant recreation that he snatched from his work was of little benefit. He burned the candle at both ends, and it is probable that he was already suffering from the malady that had carried away his master, Bichât, and his companion, Bayle. He had wounded himself during a necropsy and developed an anatomical tubercle on his

finger, which persisted. Finally, in 1820, worn out, he retired definitely, he fancied, to his beloved Kerlouarnec, in Brittany. There with his faithful companion and housekeeper, afterwards to become his wife, he lived for two years by the sea. The blessed solace of solitude, the joys of hunting and roaming about his lovely native fields, the opportunities of leisure to renew his studies of the classics and of the dialect of his people, rest and peace, gradually brought new strength, and after two years, duty called him again to Paris.

On his return, he found new and wearying tasks thrust upon him in the shape of an appointment as physician to Her Royal Highness, the Duchess de Berry, and shortly afterwards as professor of the Faculté.

At this time, Broussais, with his so-called physiological doctrine, held considerable sway—that strange doctrine which ascribed all the vital processes to that which he called "irritation," and all diseases to its excess or deficiency—the excess meaning inflammation, the default, debility. For him there was no essential difference between diseases, which are distinguished only by the degree of irritation and the particular *sympathy* of one organ for another. The physician must occupy himself only with the organ primarily affected, which was, in most instances, the gastro-intestinal tract. The terms "gastro-énterité" and "gastrite" played a large part in the "physiological doctrine" with which Broussais believed he had revolutionized medicine. All that had gone before could be thrown aside, and treatment was reduced to the simplest terms. It was another system like that of Hahnemann or Brown or Gall—words—championed by a convinced, fiery, spirited, vain, intolerant advocate.

In his opening lecture at the Collège de France, Laennec warned against the fallacies of the new "doctrine" in a clever parable of the life and work of Paracelsus. And from this time on there was war between the clinic of Val de Grace and that of the Charité, to which Laennec had moved with his new chair—war in which the acute and well-considered criticism of Laennec easily triumphed over the fiery diatribes of the modern Paracelsus. His clinic was soon sought by physicians from all countries, eager to learn his methods. In 1823 he was made a member of the Academy of Medicine.

In 1824 he married his companion, Madame Guichard-Guégen, *veuve* Argou. In the same year he was made a Knight of the Legion of Honour.

From 1824, when the first edition of his treatise was exhausted, he had been working assiduously, in addition to all his other duties, on a second edition, the form of which he had entirely changed, making the work in reality a treatise on the diseases of the heart and lungs. This was completed and published in May, 1826.

It was his last effort. The strength that he had gained in his long rest in Brittany had soon given out. His cough had increased. In April he developed fever and dyspnea and, soon, a persistent diarrhea. His voice grew hoarse; he became profoundly emaciated, and in June, himself unconscious of that which all others could see, he left for Kerlouarnec, where he died on August 13th. Two hours before his death, he removed his rings and laid them on the table by his bed. To the queries of his wife, he replied: "Some one else will soon have to do this for me; I would save him the trouble." He was forty-five years old.

In the ten years that had passed since his discovery of auscultation, he had brought the art of physical diagnosis of diseases of the lungs from a state of the utmost crudity almost to the point at which it remains to-day. He had done this not only through the introduction of his new method, but through the study and analysis of the changes in the organs themselves, and through the careful application to diagnosis, not only of auscultation but of all other methods then known, and by a conscientious objectivity which is a model. In his opening lecture at the Collége de France, he says that, if he presents hypotheses, "I hope to present them in such manner that one cannot attach more importance to them than do I myself, and I hope that I shall never give that which I think, that which I suppose, my point of view, my theory, in a word, for that which constitutes the true science, for *that which one knows.*"

That which Laennec had done for the lungs was later extended to the heart with the growth of our knowledge of physiology of the circulation, by Bouillaud, Hope, Stokes, Corrigan, Graves, Flint and others.

(Continued in November Issue)

The nineteenth annual meeting of the Canadian Association for the Prevention of Tuberculosis will be held in the Chateau Laurier, Ottawa, on Thursday, October the 9th, 1919, beginning at 10.30 o'clock. Jose A. Machado, Esq., President; George D. Porter, M.B., Secretary.

Dominion Medical Monthly

And Ontario Medical Journal

EDITED BY

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COMMENT FROM MONTH TO MONTH

Voting on the Referendum will take place on the 20th of October. Physicians are very much interested in this matter. It will not be necessary to write very many editorials on alcohol after that date. The question will be decided one way or another. How is the best way to decide this question?

Under the Ontario Temperance Act as it was first enacted, and as it now stands, prohibition does not prevail in this province. There are many, however, who delude themselves that Ontario is "bone-dry." Prior to the passing of the Act there are said to have been more than 6,000 convictions in the courts for drunkenness; last year the figure was more than 2,500. With 2,500 convictions for drunkenness, some who were before the beaks and not convicted, and many others who were not caught in the act, it seems to be a "bonehead" argument to assert that Ontario is "bone-dry."

Nor is it prohibition to enact temperance legislation in any one province and permit of liquor importation into that province from other provinces; rather is it restriction than prohibition.

There are many who are temperate who will vote against the Ontario Temperance Act being continued on the statute books; and the great majority of physicians would be glad to see it wiped

off the map, and so be relieved of the demoralizing effect it is having upon the profession as a whole. The prohibitionists ask you to mark your ballots with four X's below the No column. The Liberty League asks that four X's be placed in the Yes column. Now, how are you going to vote?

Some have said that when the Legislature usurped the rights, or the prerogatives, of the people and wiped off the bar and the liquor shop, simply as a war measure, it would have been just and right to have them returned to their status first and then referred the matter to the people. No government would have dared to enact such legislation as the Ontario Temperance Act before war time. Will any government ever try to do such like in peace time?

We believe that the Ontario Temperance Act should be maintained; and we equally believe that all alcoholic beverages should be sold through governmental agencies at a fair profit. The position for voting then on the Referendum would be to mark three X's under the No column for the first three questions, and one X under the Yes column, answering the fourth question in the affirmative.

Government control seems to be the best way out of all our difficulties at the present time. There are few who wish the return of the bar in any form.

At a fair profit the Government could make some money for the people. That money should be returned to the people in the form of grants to the school teachers of the province.

If we are ever going to have a permanent teaching body here is the way to get it. There are said to be some 8,000 teachers in Ontario. The province in one year before the war, it has been estimated, spent $36,000,000 in liquor, quite likely at a profit of fifty per cent. If the profession of teaching could be so stabilized by so arranging that all teachers in country schools should at least receive a salary of $1,500; and the town and city schools graded up to $3,000 salary per annum—principals possibly a trifle more—the province would have sufficient funds to pay these salaries, so make the profession of teaching permanent, reduce the tax rate all round, and ration out the liquor so that drunkenness, that which is most deplored, could be banished from the province.

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THERAPEUTIC EFFECTS OF COLLOIDAL PREPARATIONS*

By Sir Malcolm Morris, K.C.V.O.

The invitation from the Editor of the *British Medical Journal* to relate my experience of the therapeutic effects of drugs in the Colloidal state is one to which I willingly respond. For more than a year I have been employing the Collosol preparations of the Crookes' Laboratories, and have had results which leave me in no doubt as to their superiority—I must say, with every desire to avoid the appearance of exaggeration, their great superiority—to the same drugs in the non-colloidal form. They are results which make it an obvious duty to suggest that trial on a large scale ought to be given to a form of medication which promises to effect a pharmacological revolution.

In cutaneous affections, as every dermatologist knows, the drawbacks to the use of argentum are the pain which it causes and the discoloration which it leaves behind. With Collosol Silver these effects are entirely absent; instead of producing irritation, indeed, it has a distinctly soothing effect. It rapidly subdues inflammation and promotes the healing of lesions. I have had remarkable results in enlarged prostate with irritation of the bladder, in pruritus ani and perineal eczema, and in hemorrhoids. It can be used in the form of suppositories while a solution is applied to the irritated skin. In bromidrosis in the axillae and feet it quickly gives relief. It also causes a rapid disappearance of warts. Being non-toxic, it can be given internally in urticaria and other forms of dermatitis which are suggestive of toxemia. In such cases it is quickly beneficial, as it is also in diarrhea.

Of Collosol Iodine, which, like Collosol Silver, is non-irritating and produces no stain, I have proved the efficacy in certain forms of eczema, and in some of those cases of bad chilblains which have been so numerous this winter. In a severe case of chilblains in the first stage, that of a woman of 37, whose fingers were so swollen that they looked like sausages, under the application of Collosol Iodine oil rubbed in four or five times a day every trace of the condition disappeared in four days. Equally valuable is this Collosol in severe cases of trench feet with ulceration, in

* Reprinted from the *British Medical Journal*, May 12th, 1917.

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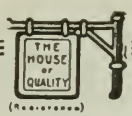
which it is also an excellent prophylactic. It is most useful, too, in the many cases of Charcot's bedsores which are so troublesome a complication of spinal injuries in military hospitals. In the earlier inflammatory stages of lupus erythematosus, before atrophy has supervened, it is far more suitable than the ordinary form of the drug because of the absence of irritation. Similarly, it is to be preferred for internal administration in the later stage of syphilis, because the practitioner may dismiss from his mind all fear of evoking symptoms of iodism. Parasitic affections again show a striking amenability to this remedy. In a case of dhobie's itch, in which the diseases had spread from the groin and invaded the trunk, legs, and arms, under the quite painless application of Collosol Iodine oil the extensive lesions all cleared up in three weeks; with ordinary remedies the case would undoubtedly have been more protracted, and the treatment would inevitably have put the patient to a good deal of pain.

Among the affections in which Collosol Sulphur is beneficial are various forms of acne, including acne rosacea, and seborrhea. For the relief of generalized dermatitis, in acute psoriasis, and in painful fibrositis, whether of connective tissue, of muscle or of joints, baths medicated with this Collosol are in my experience at once soothing and quickly curative. In the case of an officer from the front, who was crippled with fibrositis and had severe eczema, a daily Collosol Sulphur bath relieved him of all his symptoms in a week.

These are not the only collosols with which I have had gratifying results, but on this occasion I need not go further into details. I have said enough, I hope, to show that these preparations, to put the case at its lowest, marks a very considerable advance in therapeutics. They act with singular rapidity, they are free of disadvantages inseparable from the same drugs in the ordinary state, and their extensive use would effect an enormous economy in drug consumption—a not unimportant consideration at a time when there is not enough of many medicinal substances to go round.

They have been placed in the market by the Crookes' Laboratories of London, whose agents in this country are The Anglo-French Drug Co., Limited, Dandurand Bldg., Montreal, from whom they can be obtained.



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THERAPEUTIC NOTES

(From our Paris Correspondent).
(*Med. Press*).

Vincent's Angina.

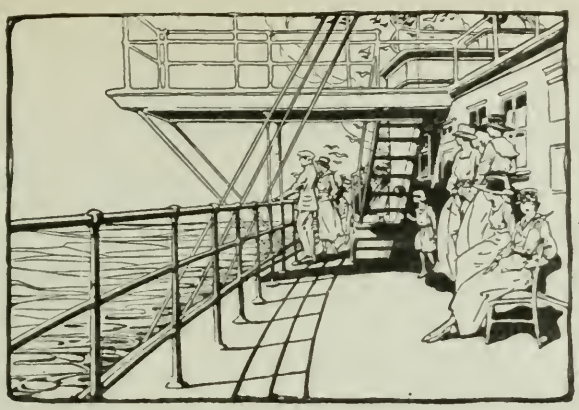
Vincent's Angina, which seems to have become quite frequent since the war, is often not diagnosed. Dr. Deglos, who is in charge of the contagious cases in the military hospital of Grenoble, has published an important article on this affection in the *Lyon Medical*.

In the course of one year, out of 225 acute throat cases, 21 turned out to be Vincent's angina. The majority of cases occurred in young soldiers who took no proper hygienic care of their mouths. The malady is much more frequent in spring, rare in summer, and reappears in autumn.

The onset is generally insidious with slight malaise and a light degree of dysphagia. What often attracts the patient's attention is the presence of a painful cervical gland. As a rule the general course of the malady is as follows:

A yellowish white, or greyish, exudate appears on one tonsil, covering part or nearly the whole of the organ. Its aspect is putrilagenous and it can be scraped off quite easily. Beneath this exudate one finds an ulceration of more or less oval shape with fairly regular bevelled edges, and the whole lesion may present the appearance of a funnel with a whitish base. The removal of the exudate gives rise to but very slight bleeding, whilst in diphtheria the membrane adheres firmly and on its removal blood oozes much more freely.

The presence of a gland at the angle of the jaw on the same side as the ulceration is practically constant. It is fairly large, is easily discerned on palpation, and is painful. Digital examination of the ulceration shows that there is simple infiltration without any trace of induration in the subjacent and neighboring tissues. Abundant salivation and fetid breath are not always present; they are more frequent when the patient has dental and gingival lesions. Dysphagia is generally only very light, and there is no trismus. After two or three days on fluid diet the patient clamors for a solid food. A frequent symptom consists in a



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sensation of painful tension in the ear, although there is not the slightest sign of catarrhal otitis. The tongue is clean and no gastro intestinal symptoms exist. The urine may contain a little albumin during the first few days; the temperature is slightly above normal, but rarely rises above 101; the pulse runs to 85 or 90.

What is most striking in these patients is their appearance of fatigue and exhaustion. The pallor of the face corresponds to a certain degree of anemia confirmed by the blood count.

The evolution of this angina, which is due to a mixed infection with a spirochete and a fusiform bacillus, may spontaneously take place towards recovery, but it may be very slow and even become chronic.

As a rule, however, the prognosis is good, and complete recovery takes place in fifteen or twenty days.

The diphtheric bacillus may in some cases be associated with the fuso-spirochetes, without the affection becoming very much more serious.

The diagnosis should always be confirmed by microscopic examination.

A good form of treatment consists in first cleaning up the ulceration with a tampon of cotton wool, and cauterising with silver nitrate, and then making frequent applications with a 10 per cent. solution of methylene blue. Cleanliness of the mouth and teeth is an important point.

Applications of neōsalvarsan in the form of a powder or in suspension in glycerine act also very well. Dr. Deglos draws attention to the remarkably rapid action of neosalvarsan given in intravenous injections. He has used Ravaut's method (*i.e.*, a concentrated solution) and has found it quite harmless, on condition that the urine contains no albumin, even mere traces.

A single injection of 30 centigrammes in 2 or 3 c.c. of distilled water produced almost complete cicatrisation of a fairly deep ulceration in the course of four days. A similar dose given four days later brought about complete recovery (confirmed by a microscopic examination) in the space of eight days. It is well, however, to continue the applications morning and evening of methylene blue. It is advisable to employ the neosalvarsan treatment, for there are cases of Vincent's angina which persist during several weeks, in spite of a very active local treatment.

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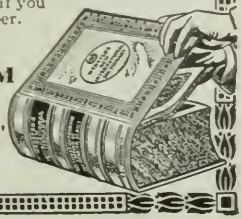

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Publisher's Department

Prophylaxis of Influenza.—If we may judge the future by the past, there is likely to be a recurrence this fall and next winter of the influenza epidemic which resulted in the death of nearly half a million persons in the United States a few months ago. In the event that this forecast proves true, what can physicians do to limit the spread of the disease and lessen its terrors?

Immunization with a reliable vaccine would seem to offer the best solution of the problem. Clinical reports on the use of preventive vaccine, as published in various medical journals in recent months, warrant this conclusion. Three instances are here cited:

In Cleveland, Ohio, last spring, 3,427 prophylactic injections of influenza vaccine were given to the employees of a large manufacturing plant. Of those who received one injection, 378 developed the disease; of those who had two injections, but 37 were affected, while of those who received the full course of three injections, only three contracted influenza. Of the whole number attacked, seventeen died. Eleven of these had not been treated prophylactically, while the remaining six had had but one injection.

In the *Canadian Medical Association Journal* for June, 1919, the editor says: "The reports from some three hundred thousand cases indicate that the vaccine (Rosenow) decreases influenza, almost entirely prevents pneumonia, and in practically no case where it was used had death occurred."

In the *Canadian Medical Associated Journal* for June, 1919, Major F. T. Cadham, C.A.M.C., reports his observations on the use of preventive vaccine in the influenza epidemic in Winnipeg. He says: "I believe the vaccine used as a prophylactic for the members of the Canadian Expeditionary Force of this district to have been of value. The incidence of pneumonia was less than one-half and the mortality rate less than one-fourth in the inoculated, as compared with the uninoculated, admitted to the special hospital under similar conditions."

Dominion Medical Monthly
And Ontario Medical Journal

Vol. LIII. TORONTO, NOVEMBER, 1919 No. 5

Original Articles

PRESIDENT'S ADDRESS, ACADEMY OF MEDICINE, TORONTO, 1919

By Edmund E. King, M.D.

I desire to express my keen appreciation of the honor done me in electing me President of the Academy of Medicine of Toronto for the present year. To follow in the footsteps of such distinguished men as our past presidents is no small undertaking, and I approach it with a considerable amount of trepidation. However, with the aid of the Fellows and their co-operation in all our undertakings, I hope we will pass through this, a very trying year, as successfully as we have come through the past. The war is over, as far as the fighting is concerned, the settlements are being signed, but as to the future we are very unsettled. Affairs are in a state of chaos, and will remain so for the space of two or three years at any rate. The general unrest reflects itself in our profession, but, I am very pleased to say, in a lesser degree than in most walks of life.

The one hundred and fifty Fellows of the Academy of Medicine who went overseas, and the many who served full time at home, are all deserving of the highest degree of appreciation that we, their co-Fellows and members of the profession in general can give them. The seven who made the supreme sacrifice died in the cause which was worthy of the best, and their memory will linger long with those of us who came into touch with them, and longer with those who knew them intimately. The medical profession, as a whole, has every right and reason to be most justly proud of the work done by their confrères in this great conflict. They were selected for posts of highest honor, and heavy responsibilities were placed upon them, and they came through, having always attained their objective, and having received the greatest praise from those in high command.

But let me here digress so far as to say that, because a man's name has not been brought to the public eye by those in command does not in any way indicate that his deeds have not been equally heroic with those whose names are on every tongue, for, in the stress of war, often the noblest deeds are those done with the least ostentation, and the least thought of forthcoming honors. In all branches of the service there are more heroes whose deeds are unsung than those that are recognized.

Of the fifteen hundred officers who served in the C.A.M.C. during the war, a great number were young men of little or no experience, some of whom had been in practice a very short time, many were recent graduates, and others had not graduated. The services of these men were great beyond our expectations. The fact that they accomplished such wonderful work is a great compliment to them, both as medical students, and as men possessed of the highest patriotic feeling. Another aspect of the situation, however, develops now that the war is over, and that is the establishment of these men in civil life. Many of them have been seriously handicapped by the services in which they were engaged overseas. Dozens, even hundreds, of them, have been kept in clerical positions, in which the professional side of their life was only distinguishable by their title. Others, who did active medical work, were confined to highly specialized branches, and had no intercourse with other departments. The war was paramount, and the individual and his future were of little concern. For men whose medical outlook had been stabilized by several years' practice, the war meant a comparatively slight loss, as compared with that experienced by men fresh from the universities.

There are two parties which are principally concerned in the absorption of these younger men into civil practice, firstly, the public, and secondly, the men themselves. The public are to be served by returned men, who are out of touch with advances in medicine made during their absence. As to the men, many of them have been away from civil life for five years, and, during that time, have never encountered such branches of medicine as diseases of children, diseases of women, and contagious diseases. It is very difficult for them to begin practice, backed as they are by two or more years of chaotic existence in the army, and out of touch with hospital work and reading. Like all other returned men, it is extremely difficult for them to settle down immediately to civil life. In order to attempt to cope with this situation, a resolution was introduced at the last

meeting of the Medical Council, which requested the Government to give material aid to three classes of medical men, namely, those direct from college, those beginning practice, and those who had not practised for more than a year. Up to the present the Government has not had time to receive the deputation from the College of Physicians and Surgeons, Ontario, who are authorized to present the resolution, but a committee is now sitting in Ottawa to hear evidence in regard to re-establishment. I shall appreciate very much the assistance of the Academy if they can see their way clear to endorse the resolution which I herewith present.

The Ontario Temperance Act.

While you were away the Government of this Province passed a war measure in the form of the Ontario Temperance Act. The Act was to hold until one year after the cessation of hostilities, so that now the time has come when the question of its permanency is to be decided. In commenting on this measure, I shall dispense with the political side of the question. In my opinion it is not a party matter, for on both sides of the House it has its opponents as well as its supporters.

Let us consider the O.T.A. and the Medical Profession. In so doing, I shall leave out of consideration the time-worn discussion as to the efficacy of alcohol in the treatment of disease, and shall simply consider the relation of our Profession to the enforcing of the Act. What we resent most about the whole situation is the fact that we have been made the official barkeepers of the Province. This is neither fair to us nor just to the cause. It is most certainly true that the doctor must have the right to prescribe for his patients whatever is necessary for their treatment, and he must be the judge of what is necessary. In cases in which the doctor honestly considers alcohol a remedy for the disease in question, he is permitted by the law to prescribe it. So far the condition is as it should be. But, when a well man, who has used alcohol all his life, wishes to procure it, he too must appeal to a doctor, and the latter, if fulfilling the law, must refuse. This attaches an indignity to the Profession which few of us fail to resent.

Then, too, the form for an order of alcohol requires a statement of the ailment for which it is prescribed. This demands a breach of professional confidence, and, undoubtedly, leads to some rather evasive answers. One may cite cases, of cancer, for instance, in which, if the information were made

public, it would be prejudicial to the interests of the patient. Altogether it is a most iniquitous condition.

The prescribing of alcohol is largely a personal matter. The use of it before the Act came into force was entirely at the discretion of the individual. The cases that require alcohol are comparatively few, a very small proportion of the total of any practice, so we are brought face to face with a condition in which the personal equation is largely uppermost. Take the number of doctors in practice in Toronto, and see how this works out. I have here a letter from the License Board showing the reports of two Toronto Dispensaries during the month of August, 1919, and giving the following as a representative list:

10 prescriptions and under	1,015	Doctors.
11 to 25 prescriptions	181	"
26 to 50 "	92	"
51 to 100 "	41	"
101 to 150 "	51	"
150 to 200 "	21	"
over 200 "	9	"
	1,410	

To quote also from the statement of the Board made July 22, 1919: "Indeed, the laxity that arose through misinterpretation or otherwise of a physician's rights of prescription under the Act reached such a pitch that the Ontario Medical Council felt obliged to cancel the status of five physicians who had been convicted in Police Court for violation of the Act, and to suspend two others. It is but fair to say, however, that the physicians who have offended by giving evasive prescriptions in large numbers are a small minority of the profession."

It must be admitted, however, that among the unscrupulous the law formed a splendid loop-hole for pecuniary advancement. This was strikingly evident during the recent epidemic of influenza. Men with exceedingly small practices, and some with apparently none at all, suddenly developed a practice which required from 200 to 1,200 prescriptions a week. I think I may safely say that no doctor in Ontario is justified in prescribing alcohol in such quantities. This prescribing has, in many cases, been most remunerative. One practitioner told me that he had written few prescriptions, and those only to his own patients, but actual count showed that he had issued 3,900 in five months. He charged regularly not less than $1.00,

and generally $2.00, for each prescription. Such men have brought odium on medical men. Surely we, as a Profession, cannot stand idly by and countenance such flagrant actions.

What is to be the outcome? If the Temperance Act stands we must try to find some sane measure to cope with the situation. In order to protect the Medical Profession as a whole, we must demand adequate punishment for offenders, and we must also aim at gaining legislation which will prevent such glaring transgressions as have been cited above. The License Board and the Government both say that the doctor is the person qualified to prescribe liquor, and therefore all alcoholic beverages must be procured from a licensed regular physician. If the doctor follows the law, further legislation of the matter is unnecessary, but for the above-mentioned unscrupulous, laws must be made to protect the Profession. Firstly, there should be some limit placed on the number of prescriptions one man may issue. Because of the varying sizes of practices, this number cannot be absolute, but must be relative to the size of the man's practice. Surely it might be possible to devise a method whereby a physician would be obliged to prove that he prescribed only to his own patients. There are certain difficulties about this means, but it should do away with a great deal of promiscuous prescribing. So much for prevention. For those who transgress there must be punishment. The Legislature, at its last session, passed an amendment to the Medical Act, whereby a member may be suspended from practice for a limited period. This is a great improvement on the only method previously existing, which required the removal of the name from the Register. This was a very serious penalty, and the restoration of the name was tedious and expensive.

This is merely a suggested solution of a problem which is by no means a simple one. If the onus of the enforcing of the Act remains in our hands, we must do what is in our power to carry out the law to the best of our ability.

The Workmen's Compensation Board.

The Workmen's Compensation Board came into existence in 1914, and by its provisions both laborer and employer are taken over by the Board in reference to the administration of the after treatment of injuries. There are three interested parties concerned in the smooth working of the Board, namely, the Employer, the Employed, and the Doctor. Each has an important relation to the others. As a result of the existence

of the Board, the Employer was freed from threatened litigation as a result of an accident, the Employed was ensured 55 per cent. of his wages during temporary disablement, and, if totally disabled, a pension during life; he also had his Doctor bill paid for a limited period of thirty days, which time has now been extended to cover the whole period of disablement; the Doctor was paid at the discretion and direction of the Board for thirty days, which time has now been amended, by a schedule interpreted by the Board, to the full period of disablement. The Board is by no means broad in its interpretation of this schedule, and it criticizes the amount of attendance a given case should receive. This is the part which seriously concerns us. The Board pays for medical services at a fixed rate, and this rate is decided in some arbitrary way. In certain cases, attendance is estimated at the amputation rate, and a cheque is sent accordingly. Very often, from the ruling of the Board, it is much more remunerative to amputate than to spend time and attention in an effort to save the wounded member. I am pleased, however, to be able to say, that, in the majority of instances, such a view is not taken by the Doctor, but he applies every device of surgery in order to avoid amputation. Such reconstructive surgery is, of course, of the greatest value to all concerned, firstly, for the man himself, who will have the injured member restored to what is as nearly normal as possible, and secondly for his Employer and the Board, for, if as much as possible is saved of the injured member, the amount which has to be paid as permanent disablement is at a minimum. It is unnecessary for me, in addressing medical men, to elaborate on the fact that this reconstructive surgery requires time, energy, and skill, in order to obtain the greater result. It may be a source of amazement to some to know that the Medical Aid Officer of the Board is a layman. I was told by the Chairman of the Board, when his attention was drawn to this very anomalous condition, that, from his knowledge and experience, he very much preferred the opinion of this layman to that of any medical man of his acquaintance. As long as such an opinion is maintained it will be very difficult for us to gain sane legislation. One influential member of the Board should be an experienced surgeon, who would be the judge in cases where compensation for maiming was demanded. Why it is that lawyers compose the majority of most commissions is not quite clear, unless it be that there are more members of this than of any other class for whom the Government must find lucrative positions. The advice of

medical men has been most systematically disregarded by the Board. In consultations between Employer, Employed and the Board, not once has any medical man been present officially. True, when the schedule was being discussed, at the Council's suggestion, a Committee did meet the Board, but nothing of any material value was changed from the draft schedule submitted for consideration. The Board gathered together schedules from various States in the Union, and drafted one from these. This was sent to the Council, who, on motion, said that in most part it was acceptable. It is not the schedule that is most at fault, but the interpretation placed upon it by the Board.

Another aspect of the situation which renders the doctor helpless is the treatment afforded by the Board to communications. Letters from doctors are treated with silent indifference, not being granted so much as an answer,—a courtesy which is tendered by any business firm. If a reply is deigned, it is couched in such terms that one at once recognizes that one is being dealt with by an autocratic body, which is, so far as the medical man is concerned, without appeal. A Board or Commission entrusted with the carrying into effect of a special law, should make an effort to avoid an independent and autocratic attitude. It should realize its position as a public servant, and should always be ready to give ear to difficulties experienced by the public which it could remedy. It may be argued that too much time would be taken up if appeals were made in person. This is not an answer. The subject matter for such appearance would always be known beforehand, and if the importance of the subject were not sufficient, a courteous letter would explain why such an appearance seemed unnecessary.

There is another feature of the attitude of the Board in which again it has shown itself to be working against the interests of medical men. I refer to the use they make of hospitals. These institutions in their Out Departments are encouraged to do dressings for injured workmen at what might be properly termed a contract price, that is, a rate much lower than that which is paid to the doctor. This leads to an unsatisfactory state of affairs because the hospital has no control over the injured man. Very often, only routine dressings are done, and these by a nurse. This is by no means conducive to good surgery. First aids and first dressings may often have to be done at hospital clinics, but there should be a rule that requires a staff man to see the case so that it may go under compensation by the Board. The case should be in the care

of a member of the staff who would send his bill for services rendered, and thus be held responsible for the outcome of the case. A reasonable course for a workman to take is to place himself under the personal care of his family doctor, or the doctor nominated by his employer. One of the clauses of the Act states that the Employer shall secure medical attention for the injured workman, and, in the event of his failure to do so, the workman may secure a doctor. This alternative is seldom presented to an injured man, but, instead, the employer sends him to a hospital and considers that his duty is done. From these considerations, it will appear evident, that the Board or Employer, in making use of the hospitals, are often depriving the workman of the best medical opportunities, and are also depriving the practitioner of many cases to which he is justly entitled.

Quite recently a meeting of the different Industrial Boards of America was held in Toronto. Addresses on the subject of the surgical attention of the injured men were of a very high order, and all maintained the principles enumerated above. Dr. F. H. Thompson, Medical Director of Oregon State Industrial Commission, read a most interesting paper entitled, "How Can Medical Service be Improved?" He pointed out that the paramount duty of every Compensation Board that had medical first aid provision, is the securing of competent and efficient service to injured workmen, but he deprecated the fact that the medical man was paid the least possible amount for his services. He suggested the inauguration of a standard fee bill for certain zones, the zones to include one or more States. The fee scale was to be the minimum scale that would be charged to a workman in his community, and was to be chosen by representatives from the State Medical Society and the Board. He also recommended a complete original report of cases, with clear "follow-up" reports from every surgeon, while he suggested that no open bone work, such as grafting, wiring, pegging, etc., should be done unless first taken up with, and authorized by the Board. He pointed out that much benefit would result from frequent conferences between medical men in adjacent communities engaged in compensation work. In conclusion he strongly criticized the hospital contract system, and recommended its abolition, for, he declared, it too frequently renders poor service, overcharges the workman, and is not morally right, as every man should have the privilege of being treated by a physician of his own choosing.

(Continued in December issue)

Dominion Medical Monthly

And Ontario Medical Journal

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COMMENT FROM MONTH TO MONTH

The Future of the Medical Profession in Ontario must now command the earnest consideration of all its individual members; and that more than ever before. This was well and exhaustively put before the Academy of Medicine, Toronto, in the annual presidential address by Dr. Edmund E. King. In this issue, and that of December, the address will be published in full. Dr. King has for many years been actively connected with these matters which affect the profession vitally.

The recent Ontario elections have resulted in the return to the Legislature of Conservatives, Liberals, United Farmers, and Labor representatives. Of course, long before this communication is published, there will be established a new Government in Queen's Park. It now looks like the beginning of the end of partyism in provincial matters. Who knows but that in the near future the business and commercial interests may form a group, and that labor may yet unite with employers to form an industrial party? Then there will be left what may be denominated the educated or professional classes—professors, students over twenty-

one years, doctors, lawyers, teachers, clergymen, nurses, dentists, etc. Are we tending toward vocational representation?

We of the medical profession are extremely interested in the educational problems of Ontario, whether they are of nursing, medicine, professional or otherwise. Time was when one of the two great parties of Ontario, under our system of party government, advocated a Superintendent of Education rather than a Minister of Education. Does the trend of thought to-day lie in that direction—the taking of all educational problems out of party politics—by the elimination of parties? Would the medical profession be better provided for under a Superintendent of Education and an Advisory Council? If a Commission on Education should be decided on, the Ontario Teachers' Association should be able to give sound advice to any Government which will govern this Province.

It cannot be claimed that the late Government was very active for the welfare of the medical profession: witness the delay in enacting legislation on Mr. Justice Hodgins' report; on the Workmen's Compensation Law, which was to eliminate lawyers, but made two of them commissioners—an arrangement which has not given fair play to the medical profession; the Ontario Temperance Act, which, although apparently at this date overwhelmingly endorsed by the people, places the curse of alcohol on the doctors of this Province. If the curse of alcohol was demoralizing the people, where will the medical profession land fretting and chafing under that selfsame curse? There must come some measure of relief; otherwise chaos in the profession of medicine in Ontario. Perhaps the Ontario Government riveted this Act upon the medical profession, not realizing what they were doing; but now it is plain that if the people favor the Ontario Temperance Act, then the people's representatives should, or the License Commission should, find some other way of dispensing liquor than by a doctor's prescription.

LAENNEC—ONE HUNDRED YEARS AFTER ADDRESS IN MEDICINE*

By William S. Thayer, M.D., Baltimore.

(Continued from October Issue)

It is just one hundred years since the appearance of Laennec's book. Since then great things have happened in medicine. The advances in our knowledge of the natural sciences, the associations which attach medicine to a firm scientific basis, have increased rapidly. The developments in the domain of pathological anatomy, of bacteriology, of chemistry, of physics—to mention only the applications of electricity in exploration, and the x-rays, have given us a deeper insight into the nature of the processes of life and of disease, and have augmented our powers of control and recognition and prevention, and, happily, in some instances, our powers of relief and conquest of disease.

The refinements of diagnosis and the possibilities of treatment demand to-day an increasing mass of knowledge and experience which we struggle, often in vain, especially in the United States, to crowd into an insufficient period in our universities and schools of medicine. All the new methods of research, however clean-cut and valuable their results may be, are of use only if they are exercised by one who has mastered them by practice and experience. A new instrument of precision, a new method of surgical procedure, in the hands of the inaccurate or the inexperienced, is of no advantage; it may be misleading and harmful. Refinements of method must themselves be studied and practised carefully. But even then they are in themselves rarely final: they are but additions to our basic armamentarium, new bricks for the edifice of diagnosis and treatment, useless if the foundation be deficient—nay, more than useless—dangerous. In the domain of diagnosis, the simple procedures of Auenbrugger and Laennec remain the basic essentials of the art. No man is fit to profit by modern refinements of diagnosis who is not experienced in the study of pathological anatomy, familiar with the changes in organs, and well trained in the fundamental methods of physical exploration, who has not gained through practice at the bedside a skill and experience in the art of auscultation and percussion which has made him familiar with the physical manifestations of the activities of heart and

*Delivered before the Canadian Medical Association, Quebec, June 26th, 1919.

lungs in health and in disease. How variable these manifestations may be in the normal subject should be known by all physicians.

"The power to explore is to my mind a great part of the art."

This familiarity, this training, this power, is to be gained only in the necropsy room and in the ward. Books cannot teach it; it cannot be learned in the lecture-room; no magic power of inheritance can transmit it. "There are," says Laennec, "some things which one can transmit well only by experience and practice; . . . however, it is precisely in these points that I count on training the students at the clinic; such are the distinctions of the various nuances of crepitant, dry and moist râles, the (distinction of) deep and superficial phenomena, . . . of the manner in which, in the most difficult and uncertain cases, in pericarditis, for example, one arrives at a definite diagnosis through comparison of the signs and by a process of exclusion."

The experiences of the last few years have made it painfully clear that a very large proportion of our American physicians, and I understand that, to a certain extent, the same is true in this country, are sadly lacking in the essential foundations of a training in diagnostic methods. In the army there is apparent a widespread tendency to reason and act precipitately and without control on information furnished by the laboratory. Physicians forget that laboratory reports are in few instances final, that their value depends in great measure on their relation to the clinical aspects of the situation—that at every point the human element comes into play, that a laboratory report from an unreliable source is worse than worthless.

It is becoming easier and easier for the physician to obtain x-ray plates or fluoroscopic examinations of his patients, examinations of sputa and excreta, cultures, agglutination and complement deviation tests, which come back to him as short and definite reports. Too often the x-ray report especially, is written so as to convey to the practitioner a sense of finality which is generally unjustified. To the physician who is not wholly familiar with the clinical aspects of the case, this is a danger—a trap into which he falls in too many instances. To him who is incapable of controlling it, an x-ray report is often a liability rather than a help. In the army in France the greater part of the unjustifiable diagnoses of pulmonary tuberculosis were dependent upon the blind acceptance of an x-ray report. The same is true in connection with many laboratory tests. I have seen the most obvious ulcerative endocarditis regarded and treated as typhoid fever because of the report from a health department of a positive typhoid agglutination test.

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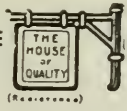
It is, alas, too common in private practice to meet with men who have almost abandoned the examination of the patient, and depend on the reports of consulting specialists and on laboratory tests. Not long ago, as I told my students this spring, I saw in consultation, a gentleman who was said by his physician to be suffering from cardiac disease; he feared, angina pectoris. I asked the physician what the symptoms had been. His reply was that at first *he* had thought that the patient had indigestion, but that Dr. X. had found his heart enlarged, that Dr. Y. had made a Wassermann reaction which was negative, that Dr. Somebody Else had looked into the conditions of the stomach and given the patient a test breakfast without notable result, that a differential blood-count had been made; that the urine showed no abnormalities. I asked if the patient had had pain. He had, over the heart. Did it radiate into any other part of the body? No. Was it associated with exercise? He thought not. After a little questioning, I realized that the doctor had practically no information to give me as to the symptoms or physical signs manifested by the patient. I then spoke with the patient, and in a few minutes learned that his pains did follow exercise and eating; that they did radiate into his arms in a characteristic manner; that the history alone was such as to justify a diagnosis of angina pectoris. The doctor had neglected all ordinary methods of investigation and had contented himself wholly with the reports of laboratories and experts on this, that, and the other detail. This is not to practice medicine. But, though a rather exaggerated picture, it is an example of what one met too often among younger as well as older officers in our hastily gathered together medical corps.

In one ward of one of our army hospitals in America during an epidemic of pneumonia, the Chief of Service discovered thirteen unrecognized empyemas among thirty-two patients. One hundred years after the publication of Laennec's book, the commonest event of my visits to camp hospitals in France was the discovery of unrecognized pleural effusion, pleurisy regarded as unresolved pneumonia.

Who is to blame for such conditions as this? Is it that the men who enter medicine to-day are incapable of acquiring the foundations of the art? I think not. On the contrary, in those hospitals in the United States Army where courses of instruction were instituted, it was surprising to find the avidity with which medical officers, young and old, grasped the opportunities offered, and how quickly some acquired proficiency in methods of physical exam-



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ination, which, in the medical school, they had not properly been taught.

The fault lies in our methods of medical instruction, and here again I fancy that you, in Canada, have been less at fault than we. Nevertheless, I am disposed to believe that the general interest in bacteriological, serological, chemical, and the newer physical methods of exploration have, in many schools, led us to forget the necessity of prolonged and systematic training in laboratory, ward, and out-patient department, in pathological anatomy and in physical diagnosis in its more restricted sense, in auscultation and percussion. Training in diagnostic methods is useless if it be not preceded and accompanied by experience in the dead house. The student must be familiar with the anatomical changes in organs which he seeks to recognize in the living subject. He must follow the patient from the ward to the necropsy table. More than this, proper instruction in auscultation and percussion demands careful supervision of the student—instruction in small groups. The student must be led to make his own discoveries, to solve his own problems—he must be directed to a proper course of reasoning. Physical diagnosis can be taught only by the bedside. Again, this early instruction in physical diagnosis should not be relegated wholly to the young instructors. One of the most important duties of the professor of medicine is to give his personal attention to the students who are for the first time approaching the patient. It is at this point in the career of the student that the wise and experienced clinician can exercise his most important and lasting influence. It is, I believe, the attempt to teach the diagnostic art didactically that is at the root of the inefficiency of so many practitioners to-day. If, at the outset, the student be encouraged to read books or to listen to discourses on diagnostic methods, he starts with a handicap of preconceived ideas which he may never overcome. Again, the necessity of familiarity with the normal is too often overlooked. No student should leave the medical school without appreciating the frequency, position and character of the sounds heard so commonly on the expansion of atelectatic borders of lungs.

No man should be allowed to enter the practice of medicine who has not, by experience, made himself familiar with the auscultation of the normal heart and with those murmurs which are the rule, rather than the exception, in young individuals, especially cardio-respiratory murmurs. If he be not familiar with the normal, he will be a poor judge of the significance of deviations from the ordinary.

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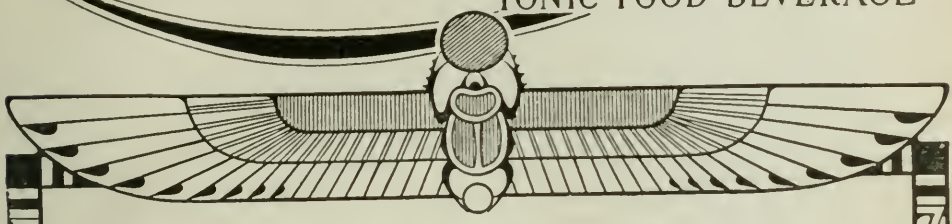

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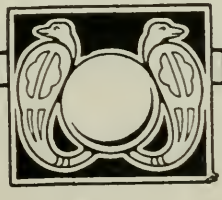


"The power to explore is to my mind a great part of the art."

In epitomizing the life of a great physician, I have desired to emphasize the thought that the kernel of the art of medicine lies in the power to explore. This power is gained only by experience and by practice.

The last century has perfected the art of diagnosis in many ways. But proficiency in the basic methods of exploration which we owe to Auenbrugger and to Laennec is as vital to-day as it was a hundred years ago.

In those parts of this paper which deal with the life of Laennec, the author has drawn largely on the works of Saintignon (Saintignon, Dr. Henri: "Laennec: Sa Cie et Son Œuvre," Paris, J. B. Baillière et Fils, 19, rue Hautefeuille, 1904), and Rouxeau (Rouxeau, Alfred: "Laennec avant 1806," Paris, 1912).

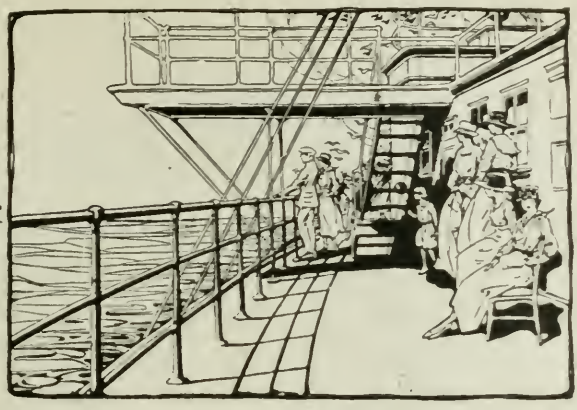
Reviews

1918 Collected Papers of the Mayo Clinic, Rochester, Minn. Octavo of 1196 pages, 442 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, $8.50 net. J. F. Hartz Co., Toronto.

This book comprises papers on the Alimentary Canal, Urogenital Organs, Ductless Glands, Heart, Blood, Skin, and Syphilis—head, trunk and extremities; Nerves, Technic; General articles. Coming from such a first-class source, the book may be looked upon as stamped with authority.

The Health Officer. By Frank Overton, M.D., D.P.H., Sanitary Supervisor, New York State Department of Health, and Willard J. Denno, M.D., D.P.H., Medical Director of the Standard Oil Company. Octavo of 512 pages with 51 illustrations. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, $4.50 net. J. F. Hartz Co., Toronto.

This book is for officers of health—tells them what to do, how to do it, and why. As the authors have had many years' experience in public health work, it may well be considered of good value. In fact, students, social workers, nurses, etc., will be much benefited in studying it from cover to cover.



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Publisher's Department

VACATION RHEUMATISM

Someone has said that after a vacation one should take a nice long rest. He was a wise man, and very probably one of the millions who know that vacations often leave people more tired at the end than at the beginning.

Vacations, moreover, cause an abrupt change in a person's daily routine. The individual plunges into a new environment which necessitates an entirely new order of living. His diet undergoes complete modification, and usually means the consumption of many things he avoids at home; he suffers exposure to the elements; he indulges in undue physical exertion, relaxing from the confinement of his "all year" indoor life and sedentary habits, and goes to extremes in his efforts to "have a good time." The result is not only great fatigue and lameness, but very frequently an attack of muscular or articular rheumatism is precipitated. Especially is this apt to occur in those having a rheumatic, or the so-called uric acid, diathesis. Acute myalgia or a painful lumbago is particularly prone to develop in these patients after being caught in a shower or forced to undergo exposure after exertion.

First and foremost, the pain must be relieved, and by a therapeutic agent which, while acting as an analgesic, will not depress normal functional activity. The natural combative forces of the system must be maintained and encouraged, and Phenalgin has proven invaluable in these cases, since it not only relieves the pain but in no way interferes with organic and functional activity. It promotes secretion—a very essential result in these conditions. Although its anodyne effect is prompt and satisfactory, the action of Phenalgin is not that of the opium derivatives and no untoward results follow its administration. Continued use does not induce a drug habit nor cause inhibition of normal function.

Phenalgin, in fact, by relieving pain at once, and reducing nerve excitability, allows resistive and reconstructive forces of the body to overcome abnormal processes and restore normal conditions.

Muscular, and even articular, rheumatism are much more common as a result of vacation indiscretions or mistakes than is generally realized. Careful consideration will justify this statement and emphasize the importance of taking steps to prevent the occurrence

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of rheumatic ills during vacations, or promptly relieving them at their first manifestation. To this end medical men should not fail to give their patients a supply of Phenalgin to have with them on their vacation trips.

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Many physicians last winter carried one or two ten-mil vials of Pneumonia Phylacogen and employed it at the first indication of influenza, thus curbing the further progress of the disease and preventing pneumonia.

Dominion Medical Monthly
And Ontario Medical Journal

Vol. LIII. TORONTO, DECEMBER, 1919 No. 6

Original Articles

PRESIDENT'S ADDRESS, ACADEMY OF MEDICINE, TORONTO, 1919

By Edmund E. King, M.D.

(*Continued from November Issue*)

What I have said is not a plea for money, but a just demand for better treatment of the Medical Profession by the Board. There has been a rumor, somewhat accentuated by a letter sent out by the Board, that they propose to do some selective work on "Who's Who and Why" in the Profession. Well, until such action is taken, nothing can be done, but the time is ripe for us to ask for better treatment, and to use every legitimate course in our power to get it.

A Judge's Uncalled-for Slur upon the Medical Profession

It is exceedingly humiliating to read in the daily papers a paragraph like the following:

DOCTOR WILL SWEAR TO ANYTHING, SAYS JUDGE.

> Mr. Justice Logie evidently has little or no opinion of testimony given by the medical profession. In a case before him yesterday he declared: "You can get a doctor to swear to anything."
>
> The matter came before the judge in an action for an order declaring Andrew Howell, aged 74, incapable of managing his affairs. There were "reams" of affidavits filed in connection with the matter. Mr. Howell lives in Tyendinaga township, Hastings county. Dr. C. K. Clarke will examine him and report to the court. In the meantime the matter stands. Mr. Howell has $11,662 in the bank, and owns a farm.

There are some innuendoes, intentional or otherwise, in this paragraph, which may be resented, but that is a purely personal matter, and I shall not enlarge upon it.

The sweeping remark is absolutely untrue, but by making use of different punctuation a modicum of truth is let into the matter. The judge on the bench has an opportunity to say and to do things which in any other sphere would be at once forcibly resented. Probably in some cases it would be as well to follow the advice given to a man by his wife, who had been kicked severely by a mule, and that was: "Don't worry, just compute it to its ignorance." We respect the Bench because of the many brilliant and great that have occupied the seats of the mighty, and one should overlook remarks from men who have been politically foisted into such dazzling company. The great lights bewilder and confuse, but let us hope that association will mellow the desire to appear smart at the expense of those who can neither defend themselves before the same audience nor demand an explanation.

The Medical Commission.

There appears to be a habit, over-developed of late, of shelving matters that are a source of dispute, by the appointment of a commission, until one becomes weary of the very name. It seems to be a very satisfactory way of getting rid of troublesome questions, but the end results are unsatisfactory. Problems in medical matters which were recently presented to the Government were put in the hands of a Commission, and certainly the report issued by the Commissioner was most comprehensive. However, as yet, the result is nil.

I should like to express my very great admiration for the work done by the Commissioner in compiling this report. The work shows a keen interest in the subject, and gives evidence of extensive detailed work. If a greater number of the profession would take time to read this report from cover to cover, I feel convinced that a strong feeling for reform in medical matters would be noticeable. It will be a crying shame if such an excellent report is not dealt with. An attempt was made to bring in a bill based on the Commissioner's report, but the opposition to the bill by members of the Legislature was so strong that public interest had to be sacrificed on the altar of votes. If the Members of Parliament who are baulking the bill under pressure of some of their constituents, would read

the report carefully, I feel confident that they would come to the conclusion that it must be sustained.

One of the most important matters dealt with in the above-mentioned report, is that of cults in medical matters. At the present time there is no other Province so overrun with quacks who may practise any cult without fear of prosecution as Ontario. At present the Government makes certain distinctions between these "irregulars" and fully qualified physicians, as the former are not allowed to give liquor prescriptions or sign certificates of death. This is as it should be, but in the question of further legislation on medical matters, we must take a very definite stand. Either we must insist on the Government listening to us, and being advised by us on this matter, or we must sit back and say: "Do just as you please; wipe out all medical restrictions, and allow every Tom, Dick and Harry, to practise whatever and whenever he chooses." The plea we make is for standardization of education. It is of no consequence to us how many cults there may be, nor how widely they are practised, if only all are on an equal footing. We demand that every practitioner, no matter what his specialty may be, should be equipped with proper matriculation, proper supervision of studies, proper time spent on his particular subject, a proper examination to qualify him, and then he may practise whatever cult he pleases. We also ask that they be citizens of this country, amenable to our laws, and that they carry certificates recognized by the law of the land. However, if we expect to gain legislation in this matter, we must make a strong stand behind the Commissioner, for it is obvious that the "irregulars" will make a bitter fight to preserve their present privileges.

And this brings me to a most important point with regard to the doctor. There is probably no member of the community who does more to protect the public interest and to safeguard the public health, than its physician, yet he cannot get the support of the powers that be because he is unable to produce a sufficient number of votes. I sincerely believe this to be due to the lack of interest shown by the profession in public matters, for, call a meeting of any medical society, the Academy not excluded, and the attendance is so small that the meeting goes by default. We must get away from the idea that the dignity of the medical profession is lowered by its appearing before the public eye in order to attain results by legislation. In a former part of this paper I have given a striking instance

of the effect of medical legislation by laymen, and we medical men, as a body, must try to grasp the situation, and realize that we are the only body who are qualified to demand adequate medical legislation.

Canadian Protective Association.

It is the duty of the doctor to carry protective insurance against sickness and accident. No class of the community is so open to unjust attacks by unscrupulous people as the medical profession. Claims are entered against us for supposed maltreatment and for blackmail, and the expense incurred thereby is often enormous. Where a doctor has no protective association he must defend himself, right or wrong, and gain much unpleasant notoriety because the lawyer realizes that he is dealing with an individual, and he proceeds roughshod to frighten the doctor into a settlement. This same lawyer will, however, be far more cautious if he knows that behind the doctor stands an association ready to defend his case, in court if necessary.

Such an association now exists in the form of the Canadian Medical and Protective Association, which was founded in 1901, and incorporated in 1913 for the following purposes:

"(*a*) To support, maintain and protect the honor, character and interests of its members;

" (*b*) To encourage honorable practice of the medical profession;

" (*c*) To give advice and assistance to, and defend and assist in defence of, members of the Association in cases where proceedings of any kind are unjustly brought against them;

" (*d*) To promote and support all measures likely to improve the practice of medicine."

This Association has been of the greatest value to the doctor in cases in which proceedings are threatened. It will not, however, defend any case, which, after investigation by their solicitor is found to be justified, but they will then advise the proper course to follow in order to reach an honorable settlement.

I feel that it is incumbent upon the Fellows of the Academy to support the Association in every way possible. The annual fee is so small, for the protection given, that every Fellow should become a member.

The Patenting of Medical Agents.

The patenting of products used in the treatment of disease, which are thus made a source of financial gain to the profitee, is entirely wrong. I am informed, through unconfirmed information from Ottawa, that the patenting of these products is not allowed in France, and such is the proper position for us to take. When the war made alien patents null, licenses to manufacture certain much needed products were issued to two separate Canadian companies, one in Toronto, the other in Montreal, and they took over the manufacture of the arsenobenzol preparations. Their principal objects were: firstly, commercial gain; and secondly, the rendering available of those products which the war had cut off. I shall not discuss the personnel of these companies, but I have in my possession a list of their stockholders, and I know the source of any and all blocking which was encountered by the Provincial Board of Health in its attempts to secure the rights of manufacture of these drugs. All efforts in this direction were unavailing until last June, when, after a most bitter and acrimonious fight by the united efforts of all Provincial Governments, the Board of Health of Ontario was granted a limited license for their manufacture. When, however, this license was actually issued it was found to be of an extremely limited character, and prevented the Board from selling to individual members of the profession. (I have recently been appraised of the fact that the Board of Health does not intend to accept this limited license.) The original license also gave the aforementioned companies the right to prevent the importation of drugs of a similar composition. This was a real hardship to those suffering from syphilis, since it kept the French, English and Italian products off the market. I do not wish to criticize the Canadian preparation, but it did not systematically agree with many individuals, and similar products should have been available. When this matter was drawn to the attention of the Government, the President of the Council admitted that it was a new point of view to him, and one that should not be allowed to stand, and he gave his word that it would be corrected at once. This has been done only in part, and while individuals have imported these products, it is still against the law for the French firm to sell its products in Canada. This is a most serious condition of affairs, and must be rectified. But great bodies generally move slowly, and in this matter

the Dominion Government has proved itself no exception to the rule. Probably another Commission will be appointed!

I do not wish to do more than to draw your attention to the ability of the Provincial Board to manufacture these products, and I would confirm this by the statement that, of all immunizing agents used in France, the antitetanic serum made at the Connaught Laboratories was most in demand; and of all specific treatments it was the most successful. One is chemical, the other serologic, true, but they are both the result of careful laboratory work, and the workers in both departments are of the highest standard of efficiency.

The license issued to the Ontario Provincial Board has too many restrictions. It will allow this province to sell to other provinces of the Dominion for use in public charities, but it will not allow sale to the general practitioner, although as a taxpayer he is entitled to all the benefits which may accrue. The whole matter may be summed up in this, that certain interests, having got their feet into the public trough, exercise their pull and push for personal gain, as against the public benefit. Surely the Government is sufficiently strong to-day so that public interest is paramount; monopoly must cease in the manufacture of articles absolutely necessary for the treatment of disease. I am not concerned in the cost alone, but in the fact that we are handicapped by our inability to secure everything in the way of treatment that our confreres in the allied countries may have.

Medical Officer of Health.

The city of Toronto possesses, in the person of the Medical Health Officer, an official of whom any community may be justly proud. He is fearless in his fight for preventative measures to guard the health of the community, and he deserves the support of the profession in his endeavors. At times there seems to be a degree of overzeal, but when the question is regarded from the broadest point of view, namely, that of the public interests, we must admit that he is usually right. He is a good listener, accessible to the profession, and amenable to argument. The reappearance of the *Health Bulletin* is certainly appreciated, and its suppression during the past two or three years was undoubtedly false economy.

The Nursing Question or the Question of Nurses.

There is at present no question that holds more interest for the profession or the public than the stand taken and the

ultimatum delivered by the members of the Central Nurses' Registry, the membership of which is about 600. This document was sent to the different hospitals in June, and it is to be effective on January 1st, 1920, thus giving about six months to re-arrange matters to meet this new condition. I am unable to ascertain what proportion of the members agree with the ultimatum; but, as it stands to-day, the whole body of nurses would seem to be behind it. The fact that this demand requires rectification of hospital conditions rather than those in private homes, makes one suspicious of its origin for, as a general rule, "private" work is much more arduous than work in an institution. It is probable that this movement, like many others of the present time, has been instigated by a few ultra-radicals, and does not represent a universal opinion.

The seriousness of the situation is evident when we consider special nursing in hospitals. According to the new demands there will have to be three nurses on certain cases, instead of two, increasing the cost by one-third. This will put a very great hardship on 75 to 80 per cent. of the sick of the community, who go to the hospital for their treatment. If the hospitals expect to fill their private wards under these changed conditions they should come forward at once and state just what help they are prepared to give toward the settlement of this question.

At the present time I feel that hospital treatment for patients is most inadequate. The rates charged are sufficient, I think, to cover a fair amount of trained nursing. But, judging from the fact that a private ward patient, if very ill, must have two special nurses, it is obvious that the nursing provided by the hospital is far from adequate. The cause of this inefficiency, to my mind, lies in the kind of training tendered to nurses. At the beginning of their course they are put at menial work, and are used as money makers for the institution. Then they are put to nursing before they understand what is required of them. If the training of nurses was conducted in a student-like manner, and they were instructed on lines which they would have to follow in their later professional career, they would still be kept quite busily engaged during their three years of training. Also they should be more deeply impressed with the intangible requirements of a nurse. That is to say, they should have a keen sense of loyalty to their school and their patient, they should remember that they occupy a most important link between the patient and the profession, and

they should realize that their sole duty is to aid in the patient's recovery and so to attend to duty as to relieve the doctor of all worry during his absence. It is our duty to interest ourselves in the training of nurses, for it is only in the manner in which the raw material is used that the finished article appears.

The Commissioner in his report deplores the nursing situation at the present time. The New York Academy of Medicine, in an investigation, points out that the proportion of seriously ill who are treated at home is 85 per cent. One reason for this lies in the fact that patients find that a nurse requires too much attention in the home. Then, too, we find that nurses are extremely independent, and will only take certain types of cases. This narrows her point of view, and shows that her training has not been sufficiently broad. We admit, most certainly, that nurses may specialise, but there is a very real need for the old-fashioned general nurse in a great many instances. The Commissioner believes, as does Sir Arthur Newsholme, that much of our nursing could be done by a semi-trained nurse, a woman who would go into a household and look after the patient and the family. Such a demand would never be made of a trained nurse, but the need is great, and certainly a nursing bureau for this class of nurse is greatly needed. There is such a bureau in Toronto, where one may secure fully trained, semi-trained nurses, obstetrical helpers, etc., at very reasonable fees. It is working under a charter of the Ontario Government, and may teach nursing in all its branches. It has not, as yet, opened its training school, but a scheme is on foot whereby the Red Cross and St. John's Ambulance Corps may absorb such an institution, and begin a Dominion-wide movement to better nursing facilities. This will be the means of solving the question of finance, as these two bodies are well supplied with funds and have working machinery scattered over the country, whereby the finished product could be placed and utilized. There is another institution that has done excellent work among the poor and middle classes, namely, the Victorian Order of Nurses. These noble women have gone abroad in the land, and silently aided thousands of sick and needy, with very little laudation or splurge. We must not multiply these organizations too much, but rather aid in finding some scheme of amalgamation, and thus avoid the duplication of overhead expense. We must aim at concentrating the teaching, and thus increasing the quality. But the matter of utmost importance at the present moment is: "What are we to do with the ultimatum?"

Dominion Medical Monthly

And Ontario Medical Journal

EDITED BY

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COMMENT FROM MONTH TO MONTH

Is Prohibition Paying? A Federal Government Blue Book, dealing with criminal statistics for the year 1918, gives 21,747 charges and 17,370 convictions for indictable offences in the several provinces of the Dominion as compared with 19,559 charges and 15,559 convictions in 1917—an increase of 12 per cent. for charges and 11 and 1-2 per cent. for convictions.

The number of convictions increased during the year in all the provinces, except Alberta, British Columbia, and the Yukon. Mark this! The highest convictions were in Ontario, Quebec, Manitoba, and Nova Scotia. Then the number of summary convictions throughout the Dominion jumped from 98,452 in 1917 to 105,199 in 1918. What becomes of the boasts on the part of the Referendum Committee that crime had decreased in Ontario since the enactment of the Ontario Temperance Act?

Drunkenness decreased in Canada during 1918, by nearly 25 per cent. Is this as commensurate as it should be under the closed bar and liquor shop? Convictions for drunkenness in Alberta grew from 391 in 1917 to 825 in 1918—an increase of 111 per cent.; while in Manitoba the convictions from drunkenness increased from 1,085 to 1,123—an increase of 3 and 1-2 per cent.

These are the bare facts: Is any comment necessary?

Smallpox and Vaccination have been very much in the public eye, at least in Toronto, during the past month. At the time of writing (Nov. 25th) smallpox is increasing by forty to fifty new cases per day. Why this should be it is scarcely possible to say. It is quite probable the parent cases were hunted out and all contacts strictly quarantined; but it must be remembered that for at least the past twenty years vaccination had not been regularly practised in this community. Years ago the Board of Edvction threw out compulsory vaccination; and the provincial law had not been generally or strictly enforced. Perhaps there was a public sentiment that vaccination was not in these days so absolutely essential—days in which we have the militant medical officer of health, quarantine, isolation, smallpox hospitals, ambulances, tc'c· hone. Perhaps it was considered that it was time enough to vaccinate when we had a real live epidemic in our midst.

Whatever the public opinion held, it is a credit to the good sense of the people that in but few instances they have willingly obeyed the mandate of the local Board of Health. When the antis have something better to offer than vaccination, their protestations now so numerically small, will be welcomed with an attentive hearing. Sanitation and all that goes with it for the present will not do.

Aqua Tofana—the Manna of St. Nicola of Bari—was a tasteless and colourless poison, invented by an old woman of Naples, immortalized by that invention, and called by her the Manna of St. Nicola of Bari. It was better known as *aqua Tofana*, because her name was Tofana, or Tofani. About 600 people fell victims to this insidious drug. She sold it in phials. Her death is said to have taken place about 1730. About a century before Hieronyma Spara, generally called *La Spara*, a reputed witch, sold a similar elixir. The secret was revealed by the father confessors, after many years of concealment and a frightful number of deaths.

A counter poison, or antidote, formerly was the orvietan, from Orvieto, Italy, where it was first invented. This in time came to be better and more widely known as Venice treacle, said to be a compound of some 64 drugs in honey. Treacle properly means an antidote against the bite of wild beasts.

Wayland Smith, in Sir Walter Scott's "Kenilworth," although a farrier, had been understudy to Dr. Doboobie, and apparently had not only some knowledge of comparative medicine, but of the particular poison to be administered to Amy Robsart, and as well of the symptoms produced, and the orvietan or Venice treacle to

be administered as an antidote. This comes out well in the conversation between Wayland Smith, Tressilian, and the messenger from the Earl of Sussex:

"Send up this messenger instantly, Will Badger," said Tressilian (after reading the letter from the Earl of Sussex); and as the man entered the room he exclaimed, "Ah, Stevens, is it you? How does my good lord?"

"Ill, Master Tressilian," was the messenger's reply, "and having therefore the more need of good friends around him."

"Put what is my lord's malady?" said Tressilian anxiously. "I heard nothing of his being ill."

"I know not, sir," replied the man: "he is very ill at ease. The leeches are at a stand, and many of his household suspect foul practice—witchcraft, or worse."

"What are the symptoms?" asked Wayland Smith, stepping forward hastily.

"Anan?" said the messenger, not comprehending his meaning.

"What does he ail?" said Wayland; "where lies his disease?"

The man looked at Tressilian, as if to know whether he should answer these inquiries from a stranger, and receiving a sign in the affirmative, he hastily enumerated gradual loss of strength, nocturnal perspiration, and loss of appetite, faintness, etc."

"Joined," said Wayland, "to a gnawing pain in the stomach, and a low fever?"

"Even so," said the messenger, somewhat surprised.

"I know how the disease is caused," said the artist (Wayland) "and I know the cause. Your master has eaten of the Manna of St. Nicholas. I know the cure too; my master shall not say I studied in his laboratory for nothing."

What was the specific poison in *aqua Tofana*, or the Manna of St. Nicholas?

The Method of Vaccination, recommended as a standard by the New York State Department of Health, is as follows:

1. Cleanse the skin over the insertion of the left deltoid muscle with alcohol.
2. Place a small drop of virus on the skin.
3. Take a sterile needle and make a single scratch 1-4 inch long upon the skin through the vaccine.
4. Allow the vaccine to dry.
5. Do not place a shield or dressing of any kind over the spot. The dried serum that exudes is the best kind of dressing.

Susceptibility to Disease must soon engage more attention. Indeed, it may be that within a short time all our hitherto accepted principles of contagiousness and infectiousness, or if the medical officer of health would rather—communicability may vanish before newer and more scientific lights in medicine.

Experiments recently made on soldiers in the United States Army would make it clear that contagion, contact, contagious material, or whatever it may be denominated, according to Rosenau, means very little in comparison with susceptibility to disease. What then is this susceptibility? How is it brought about? In whom will it be found?

By reason of worry, anxiety, care, sorrow, suffering, want—is there anything in our food or drink, lack of exercise, or lack of work, which tends to lower resistance in humans, to render us below par and thereby make us open to attack by the germs of influenza, smallpox, or any other scourge which may sweep over the human race?

SKIN DISEASES

J. E. R. McDonagh says:—Colloidal manganese has proved a greater success in boils, carbuncles, erysipelas, etc., than ever I could have anticipated, but even in these diseases neither too big nor too frequent doses must be given. In certain acute eczemas, lymphangitis, and sulphur dermatitis following treatment for scabies, manganese has proved invaluable, and I have been sent notes of three cases of septicæmia following abortions, which would most probably have proved fatal, but entirely recovered after the second injection. In chronic skin diseases such as acne, acne rosacea, seborrhœic eczema, etc., no treatment can touch the results obtainable by giving two injections of intramine and then one or two injections of colloidal manganese. In mustard-gas poisoning, which is due to sulphur (di-chlor-ethyl sulphide), more suffering, if possible, is caused to the patient than in arsenical dermatitis, in view of the fact that, besides the dermatitis and burns, conjunctivitis, tracheitis, and bronchitis are so common; but equally satisfactory results are to be obtained with colloidal manganese in the former case as with intramine in the latter. I have now treated over 50 cases of mustard-gas poisoning, and, having used various oxidizing agents, such as arseno benzene, colloidal vanadium, colloidal antimony, and colloidal mercury, no results are quite so good as those obtainable with colloidal manganese, with the exception, perhaps, of certain cases treated with colloidal vanadium. I

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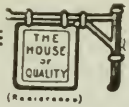
mention these various di-eases to show how generally applicable the theory of oxidation and reduction is, how simple it makes many of the problems in medicine, and how the prescribing of drugs, which are in the main empirical, can be largely done away with. For those who require more details about the application of the new chemotherapy, I append a bibliography of the recent literature.—*The Practitioner.*

ULCUS MOLLE

J. E. R. McDonagh has the impression that soft sore has become a more common and a more chronic disease since the outbreak of war. Cases complicated by bubo are frequent, and, owing to the injudicious handling by a wide incision which is so commonly practised, instead of a nick to let out the pus, one not infrequently sees cases of a bubo remaining unhealed for months and even years. A chronic suppurating bubo is apt to give rise to ulcers (*Ulcus molle serpiginosum*) which spread far and wide, and in one case of which I have notes the ulceration remained unhealed for 27 years. The moment a patient gets pain in the groins and up to the time when it becomes questionable as to whether a tiny incision should be made, 1 c.c. colloidal manganese should be injected intramuscularly and 1.5 c.c. on the fifth day. If there is no pus, the bubo will abort; if there is pus, it will be brought to a head. If under ordinary treatment the bubo will not heal or a chronic ulcer has formed, dress the wound with intramine twice a day and inject intramuscularly 2 c.c. intramine. On the fifth day inject 3 c.c. intramine and on the ninth day 1.5 c.c. colloidal manganese. The cases are only very few which require a second course, and anyone who tries this treatment will be surprised at the readiness with which ulcers, which have persisted for months, will heal in a few days. Up to date I have treated 71 such cases, which had already been under ordinary treatment for an average of 52 days, and which were fit for duty under the special treatment in an average of 14 days.—*The Practitioner.*



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Reviews

"*Dementia Praecox.*" Messrs. E. and S. Livingstone, Edinburgh, have just published a book entitled "Dementia Praecox," by Professor Kraepelin, of Munich. The translation has been made by R. Mary Barclay, M.A., M.B., and the volume is edited by Dr. George Robertson, Physician to the Royal Asylum, Morningside, Edinburgh.

Handbook of Anæsthetics—Handbook of Skin Diseases. Messrs. E. & S. Livingstone have in preparation for publication in the autumn, two new books, viz., "Handbook of Anæsthetics," by John Stuart Ross, M.B., F.R.C.S., and "Handbook of Skin Diseases," by Frederick Gardiner, B.Sc., M.D., F.R.C.S., and about the same time they hope to issue the second edition of Dr. James Burnet's "Manual of Diseases of Children."

Atlas of Operative Gynecology. By Barton Cooke Hirst, M.D., Professor of Obstetrics, University of Pennsylvania. 164 plates, 46 figures. Philadelphia and London: J. B. Lippincott Company. Montreal office, 201 Unity Building.

This is a splendid book for the surgeon in this line of work. It shows the separate steps of each operative procedure. The illustrations are of the finest. The student will find it a most valuable teacher in grasping details. The author has had a long experience in dealing with all conditions peculiar to women.

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News Items

Sir Thomas Roddick, Montreal, has left to spend the winter in Florida.

Dr. J. L. Chabat, M.P., Ottawa, has returned from a visit to Rochester, Minn.

Dr. J. W. Brien, M.P., Essex, Ontario, has gone with a company of coolies to China.

Dr. C. W. Service, who has been in China seventeen years, is spending some time in Toronto.

Dr. James Third, Kingston, Ont., has resigned as professor of medicine in Queen's Medical College.

Dr. Charles Crompton, M.B., '15, has received Fellowship in Surgery from the Mayo Foundation Clinic.

Colonel D. A. Clark, Toronto, M.D., C.M., '92, has been appointed Assistant Deputy Minister of Public Health, Ottawa.

Dr. H. P. Rogers, Toronto, '13, is engaging in practice in Earlscourt. Dr. Rogers had four years' service in Mesopotamia and Syria.

Dr. Davidson Black, Toronto, M.B., '06, has been appointed to the Anatomical Department, Medical University of Peking, and is already in China.

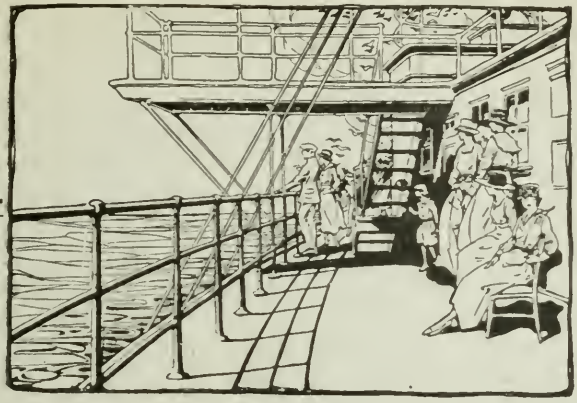
Dr. E. G. Hodgson, after serving overseas, has re-entered medical practice at Bloor east and Park Road, and will confine his attention to diseases of the stomach.

Dr. G. B. Archer, M.B., Toronto, '04, who was in France from June 1916, is returning to his old work at Ranaghat, Bengal, sailing from Victoria, B.C., December 16th.

Dr. Ambrose J. Stanton, M.D., C.M., '99, of the Institute of Medical Research, Kuala, Lumpur, Malay States, was recently in Toronto from Vancouver, B.C., on his way to England.

Mr. Irving H. Cameron, Toronto, was one of four admitted to honorary membership in the American College of Surgeons at the annual Clinical Congress recently held in New York City.

Dr. Arthur Ellis, M.B., Toronto, '08, son of Prof. W. H. Ellis, Toronto, and sometime of New York, is returning to England, having accepted an appointment with the British Government.



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Publisher's Department

Modern Martial Therapy.—Amid the veritable swarm of new medicinal agents of all varieties that have been introduced to the therapist during the last twenty years, and in spite of the great advances in general medicine during the same period, there has not as yet been proposed any remedy which can successfully compete with iron in the treatment of anemic and generally devitalized conditions. This metallic element, in one form or another, is still the sheet anchor in such cases, and when intelligently administered in proper form and dosage can be depended upon to bring about marked improvement, provided serious incurable organic disease is not the operative cause of the existing blood impoverishment. The form in which to administer iron is, however, very important. The old, irritant, astringent martial medication has had its day, and properly so. Probably the most generally acceptable of all iron products is Pepto-Mangan (Gude), an organic combination of iron and manganese with assimilable peptones. This preparation is palatable, readily tolerable, promptly absorbable, non-irritant and still distinctly potent as a blood builder and general tonic and reconstructive.

STEAM AS A BEDBUG ERADICATOR

The use of live steam to eradicate bedbugs has been practiced very successfully by the Booth-Kelly Lumber Co. of Eugene, Oreg., an account of which has been furnished the United States Public Health Service by Dr. T. Tharaldsen, of Portland. The unqualified success of this company in ridding its bunkhouse of bedbugs by means of steam is particularly interesting because of the size of the building and the large number of rooms it contains.

The bunkhouse is a T-shaped building of 70 rooms, each 10 by 12 feet, and has an 8-foot hallway running the full length of each wing. It is of ordinary frame construction, with 2 by 4 inch studding ceiled with ⅝-inch ceiling, and is of rustic finish outside. The building is heated by steam which is supplied by the mill boiler plant. The heating system consists of radiators in the halls and four 1¼-inch pipes running the full length of the building

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and exposed in each room. These pipes are tapped in each room with a ¼-inch tap and plugged with an ordinary pipe plug.

In heating the building the pressure in the steam pipes is reduced by means of a reducing valve to 10 or 12 pounds to the square inch; but in steaming to superheat the building to kill the bedbugs the reducing valve is opened and the pressure is increased to 80 or 100 pounds. The windows and doors are shut, but no attempt is made to calk any of the cracks. Articles which might be injured by steam are removed, but all bedding, mattresses, and clothing are left in the rooms. The plugs in each room are opened and the valves on the radiators in the halls are turned on. It requires about two hours to raise the temperature of the building to 160° F. This temperature is then held for approximately three hours. After the steaming, a great many of the dead bugs are found on the floors and under the beds.

In the first trial made it was found that a temperature of about 150° F. killed all the bugs in sight, but in this trial only one room at a time was steamed and this method failed to get the bugs between the walls and those deeply imbedded in the mattresses. The method of steaming all of the rooms at the same time proved more effective.

The company states that two months after the steaming no signs of bedbugs had been found, and that it is the intention to steam the bunkhouse three or four times a year.

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